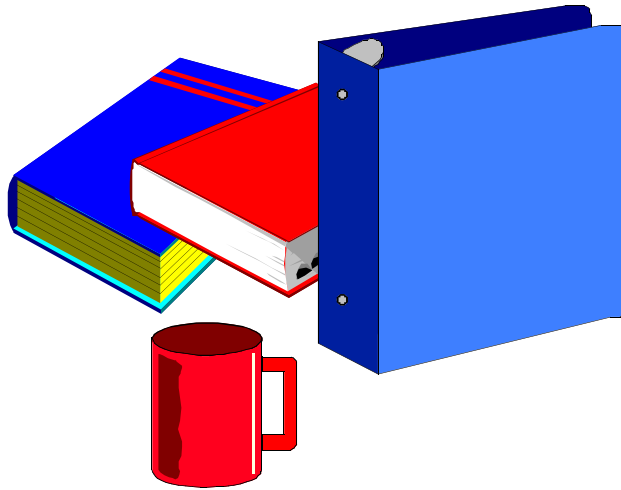


**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

Dedication

To everyone who is committed to improving the quality of life for individuals with developmental disabilities.

Acknowledgements

These Direct Support Professional (DSP) Training materials reflect the tremendous effort by many people throughout the state of California and across the nation who contributed their time and expertise. In doing so, these individuals have demonstrated their personal commitment to promoting quality services for people with developmental disabilities.

Special thanks are extended to:

- The California Legislature for their leadership in establishing this Direct Support Professional (DSP) Training Program.
- The Department of Developmental Services Advisory Committee members who have provided essential individual and collective input into the development and review of the core competencies, testing and training materials.
- The Direct Support Professionals (DSPs)/care providers for their dedication and invaluable input into the development of the core competencies.
- Individuals with developmental disabilities and their family members for sharing insightful information about their needs and what is necessary to their quality of life.
- The dedicated staff at regional centers for their faithful support to the training development process by sharing materials, ideas and concerns.
- The curriculum writers through whose collective genius and skills these materials were developed: Bill Allen, Ph.D., Ed Anamizu, PharmD., Joyce Berndt, M.A., Dema Hudson, M.A., Rhonda Krantz Mayer, M.S.S.A., Marsha Parsons, M.A., Dennis Reid, Ph.D., John Shea, Ph.D., Scott Shepard, M.A. and Barbara Ward, R.N.
- The Department of Education's Regional Occupational Centers and Programs for their extraordinary commitment to implement this testing and training program. Special thanks and acknowledgment to Ed King and local Regional Occupational Centers and Programs trainers.

Teacher's Resource Guide

- The primary Department of Developmental Services staff who are coordinating the development and implementation of the training program: Margaret Anderson, Betsy Schultz and Ben Monroe.
- In addition: Ron Huff, Ph.D., Greg Wagner, Ph.D., Lana Martin, Tom Gracia, RPh., Deb Phillips, Cheri Yohamura, Peter Searls, Linda Anderson, Donna Schwan, Deirdre Ransome, Bob Lawrence, Marian Kung, Doug Fisher, Ph.D., Michael Kluck, Att., Diane Ambrose, Richard Mesaros, Ph.D., Jacki Anderson, Ph.D., Katie Bishop, Ph.D., Tom Neary, Shauneen Zupan and many others who provided inspiration, guidance, technical materials and support throughout the project.

There are many individuals whose names are not mentioned above, but who in some way or another have added to the successful completion of this training effort. To all of you, our sincerest appreciation!

Foreword

In 1998, the California Legislature established the Direct Support Professional (DSP) Training Program. The purpose of the program is to increase quality of care for people with developmental disabilities living in licensed Community Care Facilities by ensuring core competencies or skills for all Direct Support Professionals. The statewide training program requires all Direct Support Professionals to successfully complete 70-hours of training over two-years, or to pass a challenge test for each of two, 35-hour training segments. Upon successfully completing either of these requirements, Direct Support Professional Certification will be provided.

The California Department of Developmental Services formed an Advisory Committee, consisting of representatives from the developmental services community, to provide direction for the training program. This was accomplished through statewide meetings, mailings, focus groups and pilots of draft training and testing materials. A formal job analysis was conducted to identify core competencies for Direct Support Professionals. The training and testing materials were then developed from these core competencies.

The Department of Developmental Services has engaged the California Department of Education's Regional Occupational Centers and Programs to implement the training and testing program. The training program is being coordinated and taught by Regional Occupational Centers and Programs in local communities. Local Regional Occupational Centers and Programs have also established Advisory Committees to assist in meeting community needs.

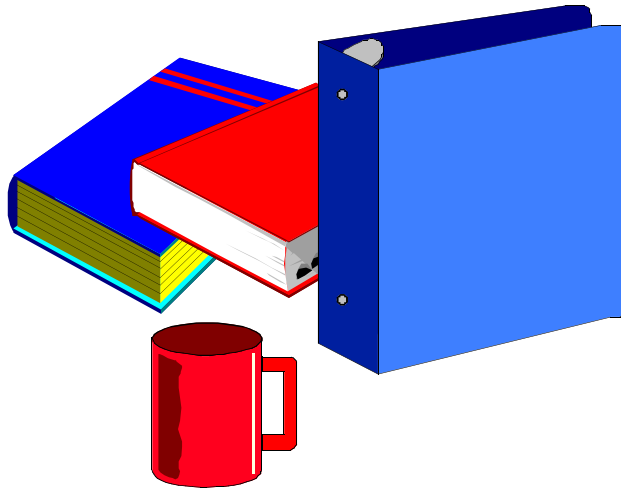
The training materials include: a *Teacher's Resource Guide* with lesson plans, applicable instructor dialogue and background information, classroom activities (with teaching ideas/tools for use with LCD or overhead projector, TV-VCR, charting activities, group and individual work), homework assignments, reference and resource materials for each of the eleven training sessions. The *Resource Guide* for the Direct Support Professional includes extensive information related to each of the eleven training sessions, in-class activities, homework assignments, session review questions/answers, reference and resource materials. Both guides have a Key-Word Dictionary encompassing all the key-words used throughout the eleven training segments, and general information to help Direct Support Professionals in preparing for the required competency test at the end of the training.

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**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #1 Introduction, Overview

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
	Total Class Sessions	12
	Total Class Time	35 hours

Session: 1
Topic: Introduction, Overview of Developmental Disabilities, Values

Core Objectives: Upon completion of this module, the DSP should be able to:

- VSD-1 Demonstrate professional workplace behavior.
- VSD-2 Demonstrate respect for the individual.
- VSD-3 Demonstrate support for individual choice-making.
- VSD-4 Demonstrate strategies to encourage and develop individual confidence.

Time:	<i>Introductions and Activity</i>	20 minutes
	<i>Key Words</i>	2 minutes
	<i>Review Questions</i>	3 minutes
	<i>Everything You Wanted to Know About DSP</i>	15 minutes
	<i>Developmental Disabilities</i>	15 minutes
	<i>What's Most Important on the Job?</i>	20 minutes
	<i>A Brief History and Values of Developmental Disabilities Services</i>	15 minutes
	<i>Diversity</i>	10 minutes
	<i>Diversity in Communication and Teamwork</i>	10 minutes
	<i>Promoting Life Quality</i>	5 minutes
	<i>Homework Assignments</i>	5 minutes
	Total Time	120 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants;
 - Flip chart paper, markers, and masking tape

* **Note:** There is no break for this first class, as it is limited to 2 hours.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Preparation

Hand out the *Resource Guide* to all participants.

Place 4 pieces of flip chart paper on walls around class with header *Stereotypes of People with Disabilities* and markers on the floor under each piece of paper.

Be ready to introduce yourself by answering the following four questions:

What is your name?

Where do you work?

What do you do?

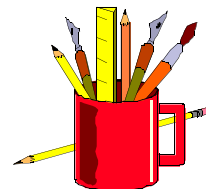
What are three separate words that describe the positive ways that you feel about your job?

Do

Show overhead #1

Your Presentation Notes

**Class 1: Introduction,
Overview of Developmental
Disabilities, Values, Diversity**



Session #1, Overhead 1

Your Presentation Notes

Say

Introduce yourself!

Welcome to Class 1 of Year 1 Direct Support Professional Training Series.

Before we start, please pair up with someone, turn to the first Activity (refer to the page number in the resource guide) and take turns interviewing your partner and recording their answers to those 4 questions.

Wait

For about 5 minutes.

Ask

To make sure everyone has the activity.

Say

Mention again who you are, where you work, what you do and the three positive words which describe your job.

Ask

Each person to introduce their partner, where they work and the three positive words that describe how they feel about their job.

Do

As participants state positive words, write them on flip chart paper.

Activity:
Getting to Know Each Other

Please pair up with someone, ask each other the following questions and record them here:

What is your name?

Where do you work?

What do you do?

What are three separate words that describe the positive ways that you feel about your job?

Place check marks next to words mentioned more than once.

When finished, make a sentence of the most commonly used words (just say it or write it on a piece of flip-chart paper).

As direct support professionals, you generally feel that your job is:

Do

Show Overhead #2

Say

You might be interested in how Direct Support Professionals in New Hampshire view the positive aspects of their jobs. In a survey, they stated the following as the most positive aspects:

- Rewarding
- Challenging
- Satisfying
- Enjoyable
- Caring
- Helpful
- Positive
- Creative

Your Presentation Notes

How do DSPs View Their Jobs?

Survey in New Hampshire

- Rewarding
- Challenging
- Satisfying
- Enjoyable
- Caring
- Helpful
- Positive
- Creative

Session #1, Overhead 2

Say

I know that there are less than positive aspects of your job and we'll certainly talk about those during these 12 sessions.

However, I wanted to start this session off on a positive note because that's one of the important outcomes of this training, that everyone sees the importance of the job of the Direct Support Professional and values the positive contributions of DSPs.

Say

Now that we've introduced ourselves, know where each other works and have an idea about the positive aspects of your jobs, let's talk a bit about this class, this series of classes and why you're here.

This is a 35-hour training with 11 class sessions and one final test session.

All except for today's sessions are 3 hours.

Since today's session is only 2 hours, we won't be taking a break in the middle.

So, if you need to use the restroom, feel free to do so.

Your Presentation Notes

Do

Show overhead #3

Say

The class schedule looks like this. There are classes on Communication, three on Wellness, and so on as follows:

Communication
Wellness, Parts 1-3
Positive Behavior Support
Teaching Strategies, Parts 1-2
Daily Living
Rights, Laws, & Regulations
Leisure and Recreation
Competency Test
#Sessions: 12 #Hours :35

Say

The Resource Guide provides you with an outline of the presentation, the activities, a review of the information, and some additional resources if you would like to read more on a particular topic.

The binder you have has 12 tabs, one for each class session. At the beginning of each class, we will look at some key words and review questions. If you learn the key words and can answer the review questions for each session, you should do fine on the competency test. You will find a dictionary of all key words in Session #12 of your *Resource Guide* (refer to page number).

Your Presentation Notes

DSP Year 1 Class Sessions

- Introduction, Overview
- Communication/Social Skills
- Wellness, Parts 1-3
- Positive Behavior Support
- Teaching Strategies, Parts 1-2
- Daily Living
- Rights, Laws, & Regulations
- Leisure and Recreation
- Competency Test
- # Sessions: 12 # Hours :35

Session #1, Overhead 3

Let's look at those key words.

Key Words

Do

Show overhead #4

Say

For today, they are:

- Direct Support Professional
- Developmental Disability
- Communication
- Diversity
- Teamwork
- Values

In-Class Review

Say

To make your job easier, turn to the In-Class Review in your packet and you'll find a place to record your notes on some key questions that we will be reviewing during the class. The answers for each Review are found at the end of the Resource Guide for that particular session.

Do

Show Overhead #5

Say

Read the questions aloud:

What is a Direct Support Professional?

Your Presentation Notes

Key Words

- **Direct Support Professional**
- **Developmental Disability**
- **Communication**
- **Diversity**
- **Teamwork**
- **Values**

Session #1, Overhead 4

In-Class Review

- **What is . . .**
 - a DSP?
 - a developmental disability?
 - People First language?
 - sensitivity to diversity?
- **What are. . .**
 - the goals of training?
 - values of service?
 - the basics of teamwork?

Session #1, Overhead 5

What is a developmental disability? What are some of the possible causes?

What is people first language?

What is sensitivity to diversity?

What are two major goals of the statewide training effort?

What are four of the six values of services for Californians with developmental disabilities? What is the goal or outcome of these values?

What are some of the basics of successful teamwork?

Say

Before we go any further, you might be asking yourself, what is a Direct Support Professional or DSP.

Do

Show overhead #6

Say

A Direct Support Professional (DSP) is someone who works with and supports people with disabilities in the places they live and work.

For example, in licensed homes, day programs, supported or independent living, and work sites.

Your Presentation Notes

In-Class Review

- **What is . . .**
 - a DSP?
 - a developmental disability?
 - People First language?
 - sensitivity to diversity?
- **What are. . .**
 - the goals of training?
 - values of service?
 - the basics of teamwork?

Session #1, Overhead 5

What is a DSP?

A Direct Support Professional (or DSP) is someone who:

- works with and supports people with disabilities in the places they live and work
- like licensed homes, day programs, supported or independent living or work sites

Session #1, Overhead 6

Everything You Always Wanted to Know About DSPs

Do

Show overhead #7

Say

A DSP supports people in:

- making choices, leading independent lives and contributing to the community;
- achieving and maintaining the best possible health; and,
- exercising their rights and responsibilities.

A DSP also helps to encourage others to support people with developmental disabilities as neighbors, friends, and co-workers.

The DSP plays a critical role in the lives of the people they support.

Do

Show overhead #8

Say

In recognition of the importance of the role of the DSP, the Department of Development Disabilities has partnered with the Department of Education, Regional

Your Presentation Notes

What does a DSP do?

- **Assists people in**
 - making choices
 - leading independent lives
 - contributing to the community
 - best possible health
 - exercising rights and responsibilities
- **Encourages others to support people as well**

Session #1, Overhead 7

Goals of the DSP Training

- **Increase professional status of the DSP**
- **Opportunities for quality educational experiences**
- **Strengthen relationships and partnerships**
- **Promote job satisfaction and career advancement**

Session #1, Overhead 8

Occupational Centers and Programs to provide this training in order to:

Increase the professional status of the DSP

Provide opportunities for quality educational experiences which in turn increase the quality of services for people with developmental disabilities

Strengthen relationships and partnerships of people who work in group homes with the people they support, their families and other professionals

Promote job satisfaction and career advancement.

Say

You will also find in your resource guide, some answers to Frequently Asked Questions about this training requirement (refer to page number in the resource guide). Please review these at your convenience. If you have any questions, please refer to the information sources at the end of those Frequently Asked Questions.

Ask

The participants to rearrange themselves into groups of 4-6, depending on total number of participants.

Say

Now that we talked about how others view

Your Presentation Notes

the role of the Direct Support Professional and the goals for this training, let's see what your goals for this training might be.

In your groups, first talk about all of the things you might like to learn or learn more about in this class.

After someone in your group has recorded your list, come up with the top three things you would like to learn or learn more about.

Give groups about 5 minutes.

Ask

To each of the groups, what are your top 3 things?

Do

As the groups read their lists, write them on a piece of flip-chart paper. Make a check next to items mentioned more than once.

After you have recorded everything, respond to as many items on the list as possible by stating whether or not they will be covered in the sessions.

If not, mention that you will try to find a resource for them on that topic.

Say

We've talked about the role of the DSP, let's

Your Presentation Notes

Resource Guide

Activity:
What Are Your Goals?

What are the things your group would like to learn or learn more about during these sessions?

What are the top 3 things?

-
-
-

talk about the people that you support every day, individuals with developmental disabilities.

First, what is a developmental disability?

Developmental Disabilities

Do

Show overhead #9

Say

A California state law titled the Lanterman Developmental Disabilities Services Act defines a developmental disability as something which:

Occurs before 18 years of age.

Lasts throughout a person's life.

Includes Mental Retardation, Cerebral Palsy, Autism, Epilepsy, or Other conditions similar to Mental Retardation.

It's a substantial disability for the individual and often means there is a need for some kind of assistance in daily living.

Do

Show overhead #10

Say

The definition of developmental disability does not include people whose disabilities

Your Presentation Notes

Developmental Disability

- **Lanterman Act Definition**
 - Before 18 years of age
 - Throughout life
 - Assistance in daily living
- **Includes Mental Retardation, Cerebral Palsy, Autism, Epilepsy, Other**

Session #1, Overhead 9

Does Not Include

The definition of developmental disability does not include people whose disabilities are solely physical, learning or mental health in nature.

Session #1, Overhead 10

are solely physical, learning or mental health in nature.

Do

Show overhead #11

Say

You can think of the term developmental disabilities as the whole universe and each of these others (point to mental retardation, etc.) are parts of the whole.

Say

What causes developmental disabilities?

Do

Show overhead #12

Say

There are 3 major causes of developmental disabilities?

Before birth causes such as illness, health, smoking, drinking alcohol, drugs, genetics, chemicals, chromosomes.

During birth cause such as a lack of oxygen, very low birth weight, or a difficult delivery.

After birth causes such as accident, lead poisoning, poor nutrition.

Your Presentation Notes

Developmental Disabilities



Session #1, Overhead 11

Causes of Developmental Disabilities?

- **Before birth**
 - Illness, health, smoking, drinking, drugs, genetics, chemicals, chromosomes
- **During birth**
 - Lack of oxygen, birth weight, difficult delivery
- **After birth**
 - Accident, lead poisoning, nutrition

Session #1, Overhead 12

Do

Show overhead #13

Say

The bottom line is that often the cause of a developmental disability is not known.

It can happen to anyone in any family.

No one exactly fits any one definition and some people fit more than one.

Now, let's talk a bit about each of these definitions.

Do

Show overheads #14 and #15

Say

The main characteristics of mental retardation are that people:

- Learn more slowly.
- Have a harder time remembering things that are learned.
- Have a difficult time using what is learned in a new place.
- Think in more concrete terms, not in abstract terms.
- Keep learning and developing throughout life - like all of us.

Your Presentation Notes

Bottom Line

- **Often the cause of a developmental disability is not known**
- **Can happen in any family**
- **No one exactly fits any one definition and some people fit more than one**

Session #1, Overhead 13

Mental Retardation

- **Learn more slowly**
- **Difficulty remembering things that are learned**
- **Difficulty taking things learned to new places**
- **Think in more concrete terms**
- **Keep learning and developing throughout life**

Session #1, Overhead 14

Also:

- Different levels of mental retardation means that people need different types of assistance.
- It's important to remember that mental retardation is different from mental illness.
- Some people have both mental retardation and mental illness.

Do

Show overhead #16

Say

Cerebral Palsy:

- Affects the part of the brain which controls physical movement.
- Can happen before, during, or after birth.
- Is not a disease.
- May result in awkward movement, poor balance, unusual walk and speech.
- Some people with cerebral palsy also have mental retardation and/or epilepsy.

Your Presentation Notes

Mental Retardation, continued

- Different levels means different types of assistance is needed
- Different from mental illness
- Some people have both mental retardation and mental illness

Session #1, Overhead 15

Cerebral Palsy

- Affects the part of the brain which controls physical movement
- Could happen before, during, or after birth
- Is not a disease
- May result in awkward movement, poor balance, unusual walk and speech

Session #1, Overhead 16

Do

Show overhead #17

Say

Autism:

- First of all, the causes are not well known or understood.
- People with autism may have a hard time making friends, difficult time communicating, like things the same way all of the time.
- We do know that some people with autism also have mental retardation.

Do

Show overhead #18

Say

Epilepsy:

- Occurs when there is a change in how the brain works.
- These changes are called epileptic seizures.
- Individuals with epilepsy may also have mental retardation, cerebral palsy, or autism.

Your Presentation Notes

Autism

- **Causes are not well understood**
- **May have a hard time making friends, difficult time communicating, like things the same**
- **Some people with autism also have mental retardation**

Session #1, Overhead 17

Epilepsy

- **Occurs when there is a change in how the brain works**
- **These changes are called epileptic seizures**
- **Individuals may also have mental retardation, cerebral palsy, or autism**

Session #1, Overhead 18

Do

Show overhead #19

Say

Included in the definition of developmental disability is a category called "other" which includes people who need the same kinds of support and assistance in daily living as people with mental retardation.

Do

Show overhead #20

Say

The Lanterman Act also includes a definition of developmental delay.

A developmental delay is a very large difference between a young child's (up to 36 months of age) abilities and what is usually expected of children of the same age. Infants and toddlers who have a developmental delay can receive support called *early intervention services*. These services can support the child in learning the things that will help him/her start to catch up.

Ask

Who do you work with? Do any of you work with people who have autism? cerebral palsy? epilepsy?

Your Presentation Notes

Other

- People who need the same kinds of support in daily living as those who have mental retardation

Session #1, Overhead 19

Developmental Delay

- Infants and toddlers up to 36 months of age
- Difference in age and what is expected of infants and toddlers of the same age
- Early Intervention Services

Session #1, Overhead 20

Say

While it's important to learn about the causes of developmental disabilities and the labels that we put on them, people with developmental disabilities will remind you every day that they are people first and that the disability comes second.

One group of self advocates came up with the saying *Label Jars Not People*.

Do

Show overhead #21

Say

You will find some examples of people first language in your resource guide (refer to the page number).

Regional Centers

Do

Show overhead #22

Say

As DSPs, it's also important to know about the agencies, laws and regulations that affect you and your job. While you will learn more about both in a later class session, let's spend a few minutes talking about the regional center.

In California, many services for people with (or 'at risk') of a developmental disability are

Your Presentation Notes

**People First,
Disabilities Are
Second**



Session #1, Overhead 21

Regional Centers

- 21, non-profits
- Service coordination
- Individual Program Plan (IPP)
- Purchase of service not provided any other way
- Vendors or service providers



Session #1, Overhead 22

coordinated through a network of twenty-one, non-profit regional centers established by the Lanterman Act. If a person is eligible, regional centers provide planning and related services, including service coordination. Service coordinators or case managers help many individuals and families with information, guidance, and assistance in accessing (and using) appropriate generic services and natural supports. If part of an Individual Program Plan (IPP), and if a needed service is related to the person's developmental disability, regional centers may buy such services from approved vendors or service providers.

Do

Show overhead #23

Say

Here are some *typical* services provided through a regional center:

- *Advocacy* – assisting individuals to get needed services from community and government agencies;
- *Assessment and consultation* –gathering information about service needs and supports;
- *Positive Behavior Support* – classes and individual consultation around behavioral needs;
- *Early intervention programs* – infant development programs and services for infants 'at risk';

Your Presentation Notes

Typical Services

- | | |
|-------------------------------|------------------------------------|
| • Advocacy | • Independent and Supported Living |
| • Assessment and Consultation | • Medical |
| • Positive Behavior Support | • Residential |
| • Early Intervention Programs | • Respite Care |
| | • Social and Recreational |
| | • Therapy and Counseling |
| | • Vocational |

Session #1, Overhead 23

- *Independent/Supported living* – services and supports for adults to live more independently in their own homes;
- *Medical* – identifying and accessing needed health services;
- *Residential* – licensed or certified residential options like foster family homes, and community care homes;
- *Respite Care* – added help for the family in order to provide a break from care-giving responsibilities;
- *Social/Recreational* – locating a variety of social/recreational activities through various community organizations;
- *Therapy and Counseling* – referral to therapists and public or private mental health agencies; and
- *Vocational* – services and supports that include job placement, job coaching, training for employment, sheltered work, and pre-vocational programs.

Your Presentation Notes

What's Important on the Job?

Say

Let's turn to an activity.

First, you will need to break into groups again (of 4-6).

After you have moved into small groups, look at the following list of important

Activity: What's Most Important In the Job?

After you have moved into small groups, look at the following list of important qualities of employees. Now, as a group, rank them from **1** (most important) to **10** (least important) the way you see them. That means you all have to decide what is the first most important, second most important (and so on) together. Next, rank them again the way you think (as a group) your supervisor sees them. Now, in the third column, rank them again as you think the people with developmental disabilities you support see them.

People Quality	Your Own	Your Supervisor	You Support
Good appearance	_____	_____	_____
Learns from mistakes	_____	_____	_____
Honest and truthful	_____	_____	_____
Accountable for actions	_____	_____	_____
Responsible	_____	_____	_____
Customer/individual is first	_____	_____	_____
Gets things done	_____	_____	_____
Accepts change and is flexible	_____	_____	_____
Manages time well	_____	_____	_____
Positive attitude	_____	_____	_____

qualities of employees. Now, as a group, rank them from **1** (most important) to **10** (least important) the way you see them. That means you all have to decide what is the first most important, second most important (and so on) together. Next, rank them again the way you think (as a group) your supervisor sees them. Now, in the third column, rank them again as you think the people with developmental disabilities you support see them.

Wait

For about 10 minutes and then ask if anyone needs more time.

Ask each group to name their top three from column 1, from column 2, and column 3.

Do

Mark them on a piece of flip chart paper with 3 columns (yours, supervisors, people supported).

Place a check mark when top 3 are repeats from others.

Ask

How different were they from group to group in the room? How different are columns 1, 2 and 3? If different, why? If not different, why? Are these the qualities you see around you every day? (**Note:** Rated qualities will likely be similar across all three

Your Presentation Notes

categories. If they are very different, you might want to spend more time understanding the difference. The point of the activity is that we all have quality expectations of the DSP whatever the exact rank order.)

Do

Show overhead #24

Say

For your interest, here's how employers from all kinds of businesses and human services ranked the top ten skills that they need from their employees

- Customer/individual is first
- Learns from mistakes
- Honest and truthful
- Positive attitude
- Responsible
- Gets things done
- Accepts change
- Accountable
- Good appearance
- Manages time well

Ask

How close was this to your selections?

Your Presentation Notes

Top 10 Skills

- Customer is first
- Learns from mistakes
- Honest and truthful
- Positive attitude
- Responsible
- Gets things done
- Accepts change
- Accountable
- Good appearance
- Manages time well



Session #1, Overhead 24

A Brief History and Values of Developmental Disabilities Services

Say

We've talked about the definition and causes of developmental disabilities. Now, let's talk about services for people with developmental disabilities and how they have changed over time.

First, a brief history of developmental disabilities services.

Do

Show overhead #25

Say

There have been several major changes in the history of services for people with developmental disabilities.

The first major period of history could be called the time of Taking Care Of People with Developmental Disabilities.

This lasted up to the 1960s and it was marked primarily by large institutions which were set apart from communities.

The first major change, to Education and Training, occurred in about the mid 1960s through the mid 1980s.

Your Presentation Notes

Three Major Changes

- **Taken Care Of**
 - Up to 1960s, institutions, away from communities
- **Education and Training**
 - Mid 60s to mid 80s, grow and learn, community based programs
- **Community Members**
 - 80s to present, neighbors, coworkers, friends

Session #1, Overhead 25

During this time, people started to see that individuals with developmental disabilities have the ability to continue to grow and learn throughout their lives. Community-based programs were developed all over the country to provide education and training.

The third major change which started in the mid 1980s and has lasted until now has shifted the focus of services to ways to help people with developmental disabilities be neighbors, co-workers and friends in their communities.

Say

As community services for people started to develop, so did a set of values.

Do

Show Overhead #26

Say

The values of the California Developmental Disabilities Service System include:

Choice, where to live and with whom, making every day and major life decisions

Relationships, developing friendships and intimate relationships

Regular Lifestyles, people getting involved in the community in the same ways as friends, neighbors, co-workers

Your Presentation Notes

Values of California Service System

- **Choice**
- **Relationships**
- **Regular Lifestyles**
- **Health and Well-Being**
- **Rights and Responsibilities**
- **Satisfaction**

Session #1, Overhead 26

Health and Well-Being, freedom from harm, access to medical and dental services

Rights and Responsibilities, people with developmental disabilities have the same legal rights as everyone else, for example, religious freedom, freedom of speech. They also have the same responsibilities as other citizens, for example, voting

Satisfaction or a good life quality

Say

In your resource guide (refer to the page number), you will find a list of individual life quality outcomes. These are things that people with developmental disabilities have identified as important in their every day lives. You will want to become familiar with these and use them as a point of reference throughout this training.

Diversity

Say

In order for California to become that place where people with and without disabilities can participate as friends, neighbors and coworkers, it's important to appreciate the diversity of the people you support as well the diversity of those who you work with each day.

Your Presentation Notes

Do

Show overhead #27

Say

Diversity is:

A mixture of people with different backgrounds, styles, values, perspectives and beliefs.

An asset to a group or team.

Something we experience every day.

Do

Show overhead #28

Say

By the year 2000, the majority of individuals in California will be non-white and non-Anglo.

It is important to appreciate the diversity of your co-workers as well as those you support.

Do

Show overhead #29

Say

Appreciating diversity means:

To have an awareness of feelings and attitudes of others by:

Your Presentation Notes

Diversity

- Mixture of people with different backgrounds, styles, values, beliefs and perspectives
- Asset to a group or team
- Experience diversity every day



Session #1, Overhead 27

Diversity, continued

- Year 2000, majority of individuals in California will be non-white and non-Anglo
- Important to appreciate the diversity of your coworkers and those you support

Session #1, Overhead 28

Diversity, continued

- Appreciate diversity
- Awareness of feelings and attitudes of others
 - Try to experience life from perspective of other
 - Be aware of own thoughts which get in the way
 - Role is to support and respect decisions of individuals and families

Session #1, Overhead 29

- Trying to experience life from perspective of others;
- Being aware of your own thoughts which get in the way; and
- Remembering that your role is to support and respect decisions of individuals and their families.

Do

Show overhead #30

Say

The old rule was the Golden Rule: Treat others the way you would want to be treated. The new rule is the Platinum Rule: Treat others as they want to be treated. Why do you think The Platinum Rule may be more effective for appreciating diversity than The Golden Rule? How do we find out how others want to be treated?

Say

We're going to work on an activity about diversity.

Turn to your next activity (refer to the page number in your resource guide).

As it states, you will find markers on the floor in front of the four sheets of paper titled Stereotypes of People with Developmental Disabilities.

Your Presentation Notes

Platinum Rule

**Treat others as
they want to be
treated**



Session #1, Overhead 30

Activity: Stereotypes

You will notice the four large sheets of flip-chart papers on the wall. Below each paper are several marker pens. When your facilitator gives you this activity, go to the paper on the wall closest to you and grab a marker. Start writing the stereotypes of people with developmental disabilities that you have heard from others. Make sure everyone has a chance to write down their thoughts. It doesn't matter if you write something that someone else has already written. Don't worry about spelling and grammar.



Go ahead and write as many stereotypes as you can think of that you hear about people with developmental disabilities.

Wait

For about 10 minutes and then ask if anyone needs more time.

When everyone has finished, have participants read the charts, and then return to their seats.

Ask

What percent are negative? Why are so many negative?

What impact does it have on the people that you work with each day if you believe these stereotypes?

Does anyone know of a person without a disability who fits one or more of these stereotypes?

Do you think these stereotypes ever creep into the work that we do? If so, how?

How do you overcome these stereotypes?

Say

Close with a summary of the following:

Your Presentation Notes

Stereotypes are pervasive in society.

It took you only about 5 minutes in class to come up with nearly X number (100, etc.). Even if we don't consciously think of them, they affect us.

Most of the stereotypes are negative. We perceive the negative first and most often.

We need to heighten our awareness to keep stereotypes from influencing our perceptions of others as they really are.

Optional

At the end of the activity, ask for volunteers to stand, go to the flip-chart of their choice, rip it off the wall, and tear it. Go around with a waste basket and collect the flip-charts.

Summarize by saying that these stereotypes are not wanted in this class or in this work.

Diversity and Communication

Say

In addition to diversity in culture and disability, you will run into considerable diversity in communication as well and it's important to know something about those different ways of communicating.

Your Presentation Notes

Do

Show overhead #31

Say

For example:

Eye Contact and Facial Expression

Individuals with European backgrounds appreciate eye contact. Many Asians consider prolonged eye contact as disrespectful.

Individuals from Native American and Asian cultures do not use facial expressions to communicate emotion unless they know someone.

Closeness and Touching

Individuals from European backgrounds stay about 3 feet apart during conversations.

Latinos prefer less space and Asians more space between speaker and listener.

Gestures

Individuals with European backgrounds use head gestures to show agreement and understanding.

Individuals from Native American and Asian cultures use those same expressions to show that the person is being heard, not to agree.

Your Presentation Notes

Diversity and Communication

- **Eye Contact and Facial Expression**
- **Closeness and Touching**
- **Gestures**
- **Effective Communicators**
 - Flexible
 - Another point of view
 - Open to learning
 - Sense of humor

Session #1, Overhead 31

Effective Communicators are:

- flexible and can tolerate change;
- interested in another point of view;
- open to learning; and
- have a good sense of humor.

Diversity and Teamwork

Say

Finally, valuing diversity is an important part of successful teamwork as well.

What is teamwork, why is it important, and what does it take to be successful?

Do

Show overheads #32-33

Say

The teams that you work on include coworkers, families, representatives from regional centers and licensing, consultants, health professionals, and other community agencies.

A group of people with a common goal who value each others contributions usually gets better results than an individual working alone.

What will make your team successful?

Your Presentation Notes

Diversity and Teamwork

- Teams include coworkers, families, regional center, licensing, consultants, other community agencies
- Group of people with common purpose, value each other, common goal
- Usually better results than individual effort

Session #1, Overhead 32

Teamwork, continued

- Trust is the basic element for success
- Other elements
 - Open, honest communication
 - Access to information
 - Focus on the goal

Session #1, Overhead 33

Trust among all of the team members is the basic element for success.

Other elements include:

- Open, honest communication among the members;
- Equal access to information by all team members; and
- Focus on the goal of supporting people to lead successful, good quality lives.

Throughout these class sessions, you will have many opportunities to work as a team. Remember the elements of successful teamwork and practice them.

Do

Show overhead #34

Say

To summarize today's class, in order to be successful in working with people who have developmental disabilities, you need to be:

- a good communicator
- someone who appreciates diversity;
- a team player; and
- focused on the goal of assisting individuals to lead quality lives

Your Presentation Notes

To Be Successful

- **A good communicator**
- **Appreciate diversity**
- **Team member**
- **Focus on goals**
 - Making choices
 - Independence
 - Part of community
 - Encouraging support as community members



Session #1, Overhead 34

Do

Show overhead #35

Say

On that last point of assisting individuals to lead quality lives, there are some challenging questions that you can ask yourself each day as you work. They are:

- **Participation**
Are there opportunities for participation (even if only partially) in a variety of community and social activities?
- **Friendship**
How many friends does the person have? Are there lots of opportunities to interact with and meet people (including people without disabilities who are not staff)?
- **Relationships**
What opportunities do people have to be “givers” in a relationship? How are people recognized for their individual gifts and talents?
- **Interdependence**
How are we supporting people to get connected within their communities? What types of natural supports exist in people's lives?
- **Independence**
What skills are people learning and are they able to have personal privacy; especially at home?

Your Presentation Notes

**Promoting Life
Quality**

- Participation
- Friendship
- Relationships
- Interdependence
- Independence
- Meaningful Activities
- Motivation
- Choice
- Respect

Session #1, Overhead 35

- **Meaningful activities**

Are people provided with purposeful activities in meaningful (real) situations? We shouldn't be asking people to do "busy work" that has no real reason or purpose.

- **Motivation**

Are the activities people engage in motivating & interesting to them? Are we "catching" people when they are good?

- **Choice**

How much choice do people have throughout their lives?

- **Respect**

How are people's routines and choices respected? How well do we listen to the people we support?

Say

That ends today's session. As a review, each section of your resource guide includes key words, a set of review questions and answers, readings, activities, and a homework assignment. It's important to look at this material before each session and once again before the test you'll take at the last session.

Your Presentation Notes

Homework Assignment

Say

For next session, you have two homework assignments. This is the only session when that will happen. One is for this weeks session and it's about teamwork and describing the team where you work. The second will help you get ready for the next session on Communication by collecting some materials to bring with you.

You will find both assignments at the end of the resource guide (refer to the page numbers).

Do

Review the instructions for completing the homework assignments.

Say

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*. Any questions? See you next time.

Your Presentation Notes

Homework Assignment #1: Your Team

As a *Direct Support Professional*, you are a member of a team at the home where you work. Read through this assignment and think about it while you work for the next few days. Then answer the following questions or complete the assignment with your co-workers.

1. Members and Roles. Who is on your team? Your co-workers, supervisor, the people you work with, family members, regional center staff, licensing workers? Who else? What are their roles (for example, *helps with planning activities, parent, does the paperwork, supervisor, service coordinator*)?

[illegible]

2. Goal. Based on what you see and the work that you do, what is the goal of your team?

3. Working together. How does your team work well together and what could it do better?

4. Accomplishments. What does the team accomplish?

5. How does it feel to be member of this team?

Homework Assignment #2 for Session #2: Communication with Pictures

Sometimes it is helpful for people to have a way to let someone know what's on their mind that they can carry with them. Some people might use a board that has letters on it, like a computer keyboard. They can point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols, or attach to computer monitors. Some systems have a voice that repeats the word or sign or symbol that the person points to. Some people use pocket sized cards that can be stapled together so the person can use them when they are out.

Many communication books, boards and cards can be bought. You can make your own communication board or cards by using magazines, photographs, or using hand made drawings.

Your homework is to gather some pictures that will tell others in the class about you and the things you like to do. You will be communicating about a page of information if it were written. Your pictures can be photographs or pictures from magazines. Some material will be available in class, but you will want to bring the most important pictures to class with you.

If You Want to Read More About Developmental Disabilities, Values, Communication, Diversity, and Teamwork

Communicate With Confidence: How to Say It Right the First Time and Every Time

by Dianna Daniels Booher (December 1994); McGraw-Hill; ISBN: 007006606X

In a book designed to be read by professionals on the go, communications *dynamo* Booher covers speaking, listening, and all the dynamics of verbal communication on the job. Each savvy tip is based on real-life problems raised by participants in Booher Consultants workshops.

Cultural Connection: Cross Cultural Competency Training

prepared by the Eastern Los Angeles Regional Center and the University of Southern California (1993)

A self-guided workbook and video which helps to teach, reinforce and integrate cross-cultural competency.

Lanterman Developmental Disabilities Services Act

distributed by the Organization of Area Boards

The full text of Division 4.5 of the Health and Welfare Statutes, including all amendments to the Act through 1997. This document is available at all local Area Boards. You may also find the complete text at the Department of Developmental Services website at <<http://www.dds.cahwnet.gov/>>.

The 10 Minute Guide to Teams and Teamwork

by John A. Woods (1997); Macmillan Spectrum/Alpha Books; ISBN: 0028617398

This 10 Minute Guide has a variety of 10-minute lessons on types of teams, the stages of team development, how to hold team meetings that generate consensus and cooperation, how to set up and train self-directed teams, dealing with conflict within and between teams, and how to use proven problem-solving techniques.

References for this Session

**Communicate With Confidence: How to Say It Right
the First Time and Every Time**

by Dianna Daniels Booher (December 1994); McGraw-Hill; ISBN: 007006606X

Cultural Connection: Cross Cultural Competency Training

prepared by the Eastern Los Angeles Regional Center and the University of Southern California (1993)

Lanterman Developmental Disabilities Services Act

distributed by the Organization of Area Boards

Put in a Good Word for Me

by North Los Angeles County Regional Center

The 10 Minute Guide to Teams and Teamwork

by John A. Woods (1997); Macmillan Spectrum/Alpha Books; ISBN: 0028617398

The ASTD Trainer's Sourcebook: Diversity

by Tina Rasmussen (1996); McGraw-Hill; ISBN: 0-07-053438-1

Where Do We Come From?

by Harbor Regional Center Orientation Manual (1998)

Direct Support Professionals Core Competencies

VALUES AND SELF-DETERMINATION (VSD)

- VSD-1 The DSP demonstrates professional workplace behavior.
- VSD-2 The DSP demonstrates respect for the individual.
- VSD-3 The DSP demonstrates support for individual choice-making.
- VSD-4 The DSP demonstrates strategies to encourage and develop individual confidence.

COMMUNICATION (C)

- C-1 The DSP demonstrates knowledge of various means of effective communication.
- C-2 The DSP demonstrates effective communication skills.
- C-3 The DSP demonstrates the ability to modify his/her communication to ensure understanding.
- C-4 The DSP encourages and supports problem solving and coping skills.

POSITIVE BEHAVIOR SUPPORT (PBS)

- PBS-1 The DSP uses assessment strategies to evaluate how past, present and future events and environmental factors affect behavior.
- PBS-2 The DSP demonstrates effective methods to teach positive replacement behaviors and support existing positive behaviors.
- PBS-3 The DSP demonstrates ability to work as part of a team in implementing positive behavior support strategies.

TEACHING STRATEGIES (TS)

- TS-1 The DSP demonstrates the ability to identify the steps required to complete a task or activity.
- TS-2 The DSP applies least-to-most assistance and/or prompts.
- TS-3 The DSP demonstrates the use of positive feedback.
- TS-4 The DSP demonstrates the ability to follow a plan for successful teaching.
- TS-5 The DSP demonstrates the ability to do individualized teaching.
- TS-6 The DSP demonstrates the ability to assess and teach individual choice-making skills.
- TS-7 The DSP assesses the effectiveness of teaching.

INDIVIDUAL RIGHTS, LAWS AND REGULATIONS (IRLR)

- IRLR-1 The DSP demonstrates a basic understanding of the statutory and regulatory structure of services for people with developmental disabilities.
- IRLR-2 The DSP understands and supports individual rights and responsibilities.
- IRLR-3 The DSP demonstrates correct procedures for mandated reporting requirements.
- IRLR-4 The DSP demonstrates knowledge of community resources to assist and educate individuals in securing needed services and supports.

WELLNESS (W)

- W-1 The DSP demonstrates correct use of Standard Precautions.
- W-2 The DSP has knowledge of medications.
- W-3 The DSP demonstrates healthful meal planning and food preparation, storage and handling procedures.
- W-4 The DSP utilizes strategies to ensure safety, and to prevent injuries and accidents.
- W-5 The DSP responds in a timely manner to medical emergencies.
- W-6 The DSP responds to environmental emergencies.
- W-7 The DSP demonstrates knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 The DSP recognizes and respond to signs and symptoms of illness and/or injury.
- W-9 The DSP maintains documentation of individual health status and medical needs.
- W-10 The DSP accesses community health care resources.

GOAL ATTAINMENT AND DOCUMENTATION (GAD)

- GAD-1 The DSP demonstrates ability to participate in the process of individual goal development.
- GAD-2 The DSP demonstrates knowledge of documentation requirements for individual goal attainment.

DAILY LIVING (DL)

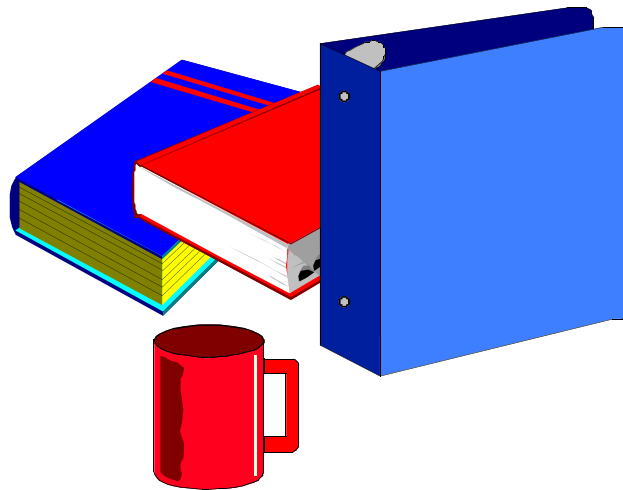
- DL-1 The DSP recognizes and supports the individual's daily routine.
- DL-2 The DSP supports individuals in establishing and maintaining relationships with family and friends.

LEISURE AND RECREATION (LR)

- LR-1 The DSP promotes community participation.
- LR-2 The DSP researches, develops and maintains information on community and other resources that meet individual needs.

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #2 Communication

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
	Total Class Sessions	12
	Total Class Time	35 hours

Session: 2
Topic: Communication

Core

Objectives: Upon completion of this module, the DSP should be able to:

- C-1 Demonstrates knowledge of various means of effective communication.
- C-2 Demonstrates effective communication skills.
- C-3 Demonstrates the ability to modify his/her communication to ensure understanding.
- C-4 Encourages and support problem solving and coping skills.

Time:	<i>Review of Homework Assignment #1</i>	5 minutes
	<i>Key Words</i>	2 minutes
	<i>Review Questions</i>	5 minutes
	<i>The Importance of Communication</i>	38 minutes
	<i>Active Listening</i>	25 minutes
	<i>Nonverbal Communication</i>	20 minutes
	 <i>Break</i>	 15 minutes
	 <i>Speech and Communications Disorders</i>	 10 minutes
	<i>Tips for Supporting Communication</i>	15 minutes
	<i>Creating Other Ways to Communicate</i>	
	<i>(Homework Assignment #2)</i>	40 minutes
	<i>Homework Assignment</i>	5 minutes
	 Total Time	 180 minutes

Materials:

- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
- Hard copy of overheads or disk with PowerPoint presentation;
- *Resource Guide* for all class participants;
- Post-it TM notes, index cards, markers, glue sticks, hole punch, string, magazines, several statements for gesture activity, photographs from homework assignment
- Easel and paper or white board
- Candy lollipops in different color wrappings
- Newspaper article
- Two statements to pass around the room

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Review of Homework Assignment

Do

Show overhead #1

Say

Welcome to Session #2, Communication

We'll review Homework Assignment #1 right now and we'll use Assignment #2 in an activity after the break.

For discussion, ask

What did you find out about your team?

What's the size of your team?

How about the goal?

How well does your team work together?

How about some accomplishments?

How does it feel to be a member of the team?

Your Presentation Notes

Session 2: Communication



Session #2, Overhead 1

As a direct support professional, you are a member of a team at the home where you work. Read through this assignment and think about while you work for the next few days, then sit down and answer the following questions or complete it with your co-workers.

[illegible]

2. Goal. Based on what you see and the work that you do, what is the goal of your team?

3. Working together. How does your team work well together and what could it do better?

4. Accomplishments. What does the team accomplish?

5. How does it feel to be member of this team?

A question that wasn't on your assignment, how could your team work better?

After discussion, say

As we talked about in our last class, teamwork is important to meet the goal of providing good services and supports. Today, we're going to talk about how we can work together better through better communication with the people we support.

Key Words

Do

Show overhead #2

Say

In the front of your resource packet, you will find a list of key words that you will hear a lot during today's session. They are:

- Verbal and Nonverbal Communication
- Communication and Behavior
- Active Listening
- Speech and Language Disorders
- Communication Systems

Your Presentation Notes

Key Words

- Verbal and Nonverbal Communication
- Communication and Behavior
- Active Listening
- Speech and Language Disorders
- Communication Systems

Session #2, Overhead 2

Review Questions

Do

Show overhead #3

Say

In addition to the key words, there are some important points to remember from today's sessions. As always, you will find those points summarized in the review questions. Those questions are in your resource packet right after the key words. The review questions for today are:

1. What are some of the reasons we communicate?
2. Can you describe some of the barriers to effective communication for people with developmental disabilities?
3. What are the three components of all communication?
4. What are some examples of non-verbal communication?
5. What are behaviors that show you that a person has an interest in socializing in some way?
6. What are some types of communication systems? What are the advantages or disadvantages of each of those systems?

Your Presentation Notes

In-Class Review

- Why communicate?
- Communication barriers?
- Basic components?
- Nonverbal communication?
- Types of communication systems?
- Importance?
- What is active listening?

Session #2, Overhead 3

7. Why is communication so important to people with developmental disabilities? What are some ways that you can assist people with communication?
8. What are the elements of active listening?

The Importance of Communication to the DSP

Do

Show Overhead #4

Say

Before we get much further, let's review something we talked about during our last session. Remember that we are looking at people as individuals, so let's be careful to use "people first" language, and try not to put people into groups.

Do

On the easel pad, write the word "communication." Pass out a Post it™ note to each person in the class.

Say

Since the topic for today is communication, it would be helpful to start with a definition of communication. Could each of you write your own brief definition of communication and stick it on the board?

Your Presentation Notes

**People First,
Disabilities Are
Second**



Session #2, Overhead 4

Do

Read, or have someone in the class read, the definitions. As they are read, note which ones clearly show that at least two people are needed for communication to happen.

Say

In order for people to communicate, there needs to be someone to communicate WITH. If we want someone to know how we are feeling, there needs to be someone to give the information TO.

Now that we know WHAT communication is, what are some of the reasons we communicate?

Do

Show overhead #5

Give an example of how each of these might happen in their work with people:

Reasons for communicating:

Giving information

Getting information

Expressing feelings

Helping with problem solving

Teaching

Socializing

Persuading

Making decisions

Building relationships

Your Presentation Notes

**Reasons for
Communicating**

- Giving/getting information
- Expressing feelings
- Problem solving
- Teaching
- Socializing
- Persuading
- Making decisions
- Building relationships

Session #2, Overhead 5

Your Presentation Notes

Giving and getting information - This could mean staff at other programs the individual attends, and comparing how each of you respond to that person. It might also mean giving information to parents or family members about a person's progress, or letting the regional center know about an unusual incident. Or it could mean asking everyone in the program his or her opinion on an activity before deciding what to do. Or checking with the regional center, your administrator, and the family before changing the way in which you approach an Individual Program Plan (IPP) objective.

Expressing feelings - People may want you to know when they have had a great day, or when they are feeling bad.

Helping with problem solving - You may need to communicate with two people at your program to work out problems and to help those people to solve their own issues.

Teaching – You will be teaching people how to gain skills, either hygiene skills, or cooking or taking care of their money, and about how to make their needs known.

Socializing - This is how we get to know other people – by finding out what the other person likes, and doing things together.

Persuading – This is where we want to have someone see things the way that we do. This could mean getting a person to wear different clothing than he/she has chosen because the weather makes their choice inappropriate. Or it could mean getting your supervisor to consider additional funds to take two people on a shopping trip.

Decision-making – You would be communicating with a number of people on how to best make a decision that affects people in your program. Maybe you are trying to figure out the best way to deal with the behavior of someone in your program. There might be communication among the staff, the consultants, other programs, and the regional center so that the best decision can be made.

Building relationships – You communicate with friends, with people where you work and with the people you support. What relationship would happen without some form of communicating?

Your Presentation Notes

In spite of our communication skills, we all have a difficult time communicating clearly. Sometimes people don't understand what we are saying; sometimes they don't want to hear what we are saying. We will be learning how to communicate better in this class. There are three parts to all communication:

Do

Show overhead #6

Sender
Message
Receiver

Say

Sometimes the message gets messed up and the person we are talking to doesn't understand our words. So we have to rely on our nonverbal communication to get our message across.

Do

Pass out lollipops (with different colored wrappers) to each person.

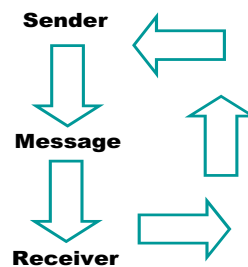
Say

Please get into groups with those who have the same color of lollipop wrapper as you. You may not use any words or sounds.

After people find their group by the color of their lollipop wrapping, ask how they felt about not being able to talk and how they

Your Presentation Notes

All Communications Have



Session #2, Overhead 6

found their groups. Ask people how they were able to communicate with others? Make the point that although a person may understand a command, he or she may not choose to cooperate. He or she may not be interested in the activity.

What are some ways that you communicated?

Do

Show overhead #7

Nonverbal communication

Facial expression

Gestures

Volume of voice

Space between people

Facial expression – you may be able to tell what a person is feeling by their facial expression. Usually a smile means the person is happy. And you know the face of a person who is in pain.

Gestures – Can any of you give an example of gestures we all understand? Class might say: putting hands up as if to say “I don’t know,” or “yes” or “no” or “Come closer, please.”

Volume of voice – We usually know how a person is feeling if they are yelling, or if they are talking very softly

Your Presentation Notes

Nonverbal Communication

● **Facial expression**

● **Gestures**

● **Volume of voice**

● **Space between people**

Session #2, Overhead 7

Space between people – Close spaces between people usually means the people know each other well. Most of us try to stay about an arm's length away from the person we are talking to.

Note: An alternative exercise is to make cards in a variety of categories with enough for each person in the class. There could be a group of cars, a group of TV shows, a group of colors, a group of fast food restaurants. People are asked to find their group without using words.

Not all communication is easy to understand. Sometimes the people we support do not say what they mean, and sometimes the way they behave means more.

Do

Show overhead #8

What behavior communicates

What I want

Requesting affection

Requesting object ("I want")

Requests assistance ("I want your help")

Indicating preference or choice ("I want this")

What I don't want

Rejecting object or assistance ("I don't want that")

Your Presentation Notes

What Behavior Communicates

- **What I want**

- Affection
- Object
- Assistance
- Preference or choice

- **What I don't want**

- Rejecting object
- Rejecting services/assistance

- **I want attention**

- Expressing feelings

Session #2, Overhead 8

Rejecting services or assistance ("I don't want your help")

I want attention

Expressing feelings

Say

Are there other ways in which our behavior communicates something? How about when we make choices?

There are also some ways that behavior helps us to get along with others. Here are some social skills that help people to communicate.

Do

Show overhead #9

Social skills that help communication

Reason:

Example

Showing attention to partner, object or event:
Turn toward person walking in

Providing information:
Asked if thirsty, smiles

Requesting information:
Points to picture with puzzled look

Responds to name:
Makes a sound when called

Greets:
Lifts head and looks at person

Says goodbye
Waves

Your Presentation Notes

Social Skills that Help

Reason	Example
Show attention	Turn to person walking in
Provide information	Asked if thirsty, smiles
Requesting information	Point with puzzled look
Responds to name	Makes sound when called
Greets	Lifts head and looks
Says goodbye	Waves
Directs attention to self	Waves arms, repeats when someone looks
Directs attention for communication	Points to mouth, is thirsty

Session #2, Overhead 9

Directs attention to self:
Waves arms, repeats when someone looks

Directs attention for communication:
Points to mouth, is thirsty

Say

The DSP has to be very good at really listening to what the person is trying to say, even when the person doesn't always make that easy. Your job is a difficult one, because you have to really figure out what the person is trying to say.

Active Listening

Say

Now we'll move to talking about Active Listening.

Listening is one of the most difficult skills to learn. We are taught from a very early age NOT to listen. Remember in first grade when the teacher would ask the class "Okay, can someone tell me a word that begins with..." and before she can even get the question out, hands go up around the classroom. And the child whose hand is raised first gets called on. So that child is rewarded for NOT listening.

Did you know that we can hear at a rate of 650 words per minute? The average person

Your Presentation Notes

talks at a rate of 150 words per minute. That leaves a lot of space in your brain for other information. Like making a shopping list, or thinking about something that happened at home. Did you ever find yourself thinking about how you will respond to a question before the question is asked? Have you ever asked someone the same question more than once, because you didn't remember that they had answered the question?

Do

Take out two messages that you have prepared on index cards.

For example:

The explorer found himself lost deep in the Amazon jungle surrounded by poisonous snakes, large spiders, flesh-eating fish and meat-eating birds.

I have to pick up milk and eggs at the store. We have run out again. This is the fifth time this month.

I'm a little worried about the weather this week. I don't like driving through the rain. And our roof really should be repaired.

(consider laminating the index cards for extended use)

Your Presentation Notes

Hand them to a person on each side of the room.

Say

The first person will read the message on that index card to the next person and return the message to me. The second person tells the next person what they heard and so on... you may not ask the person to repeat the message or ask any questions.

When complete, ask the end person to tell what they heard, and read the message as it started.

Ask

What could have helped us to get the message correctly through the line of people?

Do

Show overhead #10

Active Listening

Hear the words

Figure them out

Respond

Say

We all need to take the time to figure out the words we hear, even ask the person who said them if we heard correctly before we respond. That means that we have to pay very close attention to each word the person

Your Presentation Notes

Active Listening

- **Hear the words**
- **Figure them out**
- **Respond**



Session #2, Overhead 10

is saying. It's called active listening because it involves a lot of energy to do correctly.

Say

Now listen to this -

Do

Read an article (that you have previously clipped from the newspaper and for which you have prepared 10 easy questions, for example, *what was the title of the article?*). Then ask participants 10 questions about the article and ask them to write down their answers. Tell the class that you will go over all of the answers after you ask all of the questions. Once you have asked all of the questions, you can even promise a dollar to the person who gets them all right. Most people have stopped paying attention somewhere in the middle.

Ask

How many did you get right? What happens when we don't actively listen? For the people you work with, it means that someone may have missed an important thing they were trying to say. Really listening to what people have to say, how they say it, whether they use words or not is an important part of your job.

Break for 15 minutes

Your Presentation Notes

Speech and Communication Disorders

Say

What are some of the things that get in the way of communicating with the people we work?

Do

Show overhead #11

Barriers to Communication

Limited or no speech
Hearing loss
Poor control of muscles needed to produce speech, as with cerebral palsy
Damage to the part of the brain that controls speech
Difficult behaviors

When it's hard to make your needs known, it's also difficult to meet people, to do things you like to do, and may make a person behave in a negative way.

Before we figure out how to help people communicate, here's a little bit of information about the disorders that cause communication problems.

There are two kinds of communication disorders: Speech disorders and language disorders.

Your Presentation Notes

Barriers to Communication

- Limited or no speech
- Hearing Loss
- Poor muscle control
- Damage to part of brain that controls speech
- Difficult behaviors

Session #2, Overhead 11

Do

Show overhead #12

Types of Speech Disorders

Abnormal pitch

Abnormal quality

Excessive loudness

Incorrect articulation

Sometimes a speech disorder is caused by speech muscles that don't work, cleft palate, or from having no teeth. Incorrect articulation is a common speech disorder. You may hear a speech therapist for someone you support talk about this. Some sounds may be missed when a person is talking, like saying "nake" for "snake," or "moke" for "smoke." Or a person might say "dis" and "dat" instead of "this" and "that."

Language disorders are sometimes caused by damage to some area of the brain.

Do

Show overhead #13

Language Disorders

The ability to understand language (receptive) is limited

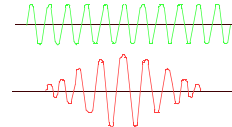
The ability to talk (expressive) is limited

The ability to talk (expressive) is limited for the person's age

Your Presentation Notes

Types of Speech Disorders

- Abnormal pitch
- Abnormal quality
- Excessive loudness
- Incorrect articulation



Session #2, Overhead 12

Language Disorders

- Ability to understand language (receptive) is limited
- Ability to talk (expressive) is limited
- Ability to talk (expressive) is limited compared to age

Session #2, Overhead 13

You may have someone you support who has something called aphasia. This means that the person has trouble with certain words or phrases, or has no language.

Let's talk about some ways we can support communication.

Do

Show overhead #14 & #15

Suggestions for Facilitating Communication

- Use words when the person feels something (sore, hurt, tired....)
 - Use all chances to identify objects in daily routine
 - As you assist the person (dressing, serving meal)
 - Point to pictures of objects in books, saying them distinctly
 - Point out objects while on walk, in car, at park, at store
 - Have person watch your mouth as you pronounce word
-
- Speak in short sentences when giving directions
 - Be sure to pronounce the entire word
 - Encourage progress in making sounds, pronouncing words
 - Be sure your movements are simple when teaching
 - Encourage people to use all of their senses
 - Listen carefully to what the person says or attempts to say

Your Presentation Notes

Communication Tips

- Use words when feeling something (hurt, tired....)
- Identify objects in daily routine
- When assisting (cooking....)
- Point to pictures or objects, say words distinctly
- Point out objects while on walk, in car, at park, at store
- Ask person to watch as you pronounce word

Session #2, Overhead 14

Communication Tips, continued

- Speak in short sentences when giving directions
- Be sure to pronounce entire word
- Encourage progress
- Make movement simple when teaching
- Encourage use of all senses
- Listen carefully to what person says or tries to say

Session #2, Overhead 15

Ask

Can anyone think of other tips? Others might include talking to people respectfully, waiting until the person speaks, demonstrating activities, repeating back to clarify.

Say

We have several ways that we can help people to communicate.

Do

Show overhead #16

Types of Communication Systems

Speech

Reading and Writing

Sign Language

Gesturing

Pictures

Communication Boards, Books and Cards

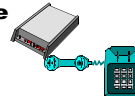
Say

Many of the people you support will have some way to communicate using speech, reading and writing. Sign language is being used a lot to help people with developmental disabilities. In your packet, you will find some information on fingerspelling using a manual alphabet. You will also find some examples of common words that can be signed using American Sign Language.

Your Presentation Notes

Communication Systems

- Speech
- Reading and Writing
- Sign Language
- Gesturing
- Pictures
- Communication Boards, Books and Cards



Session #2, Overhead 16

As a first step to learning sign language, the signer must be skilled at using gestures that are understood by others. We are going to have a chance to practice how well we do with gestures.

Do

Ask for volunteers to act out the requests on the papers using gestures only. These are statements that you have written up beforehand on index cards. This is similar to charades. For example:

I just joined the gym. Do you work out?

Can you help me find the jewelry store in the mall?

What do you do for a living? Do you like your job?

I love to play basketball. I would like to find a team.

My car battery is dead. Can you give me a jump start?

Have you seen Wheel of Fortune? What is your favorite TV show?

(consider laminating the index cards for extended use)

Ask

Participants how it felt if they were not understood.

Your Presentation Notes

Ask

Participants to think about how the people they support might feel when they cannot be understood.

Say

Sometimes it is helpful for people to have a way to let someone know what's on their mind that they can carry with them. Some people might use a board that has letters on it, like a computer keyboard. They can point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols, or that attach to computer monitors. Some systems have a voice that repeats the word or sign or symbol that the person points to. Some people use pocket sized cards that can be stapled together so the person can use them when they are out.

Many communication books, boards and cards can be bought. You can make your own communication board or cards by using magazines, photographs, or using hand made drawings. Your homework for today's class was to bring in some pictures that will tell us about you and the things you like to do.

Today you will be making a communication system just for yourself. First you will attach your pictures to cards, adding whatever you see here that might help another person to know you better. When you have completed

Your Presentation Notes

Homework Assignment #2 for Session #3: Communication with Pictures

Sometimes it is helpful for people to have a way to let someone know what's on their mind that they can carry with them. Some people might use a board that has letters on it, like a computer keyboard. They can point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols, or attach to computer monitors. Some systems have a voice that repeats the word or sign or symbol that the person points to. Some people use pocket sized cards that can be stapled together so the person can use them when they are out.

Many communication books, boards and cards can be bought. You can make your own communication board or cards by using magazines, photographs, or using hand made drawings.

Your homework is to gather some pictures that will tell others in the class about you and the things you like to do. You will be communicating about a page of information if it were written. Your pictures can be photographs or pictures from magazines. Some material will be available in class, but you will want to bring the most important pictures to class with you.

your book, pick a partner and see if the partner can “hear” what you are saying. You can change partners several times, depending on time.

Do

Direct people to magazines, markers, index cards and glue sticks.

Assist people to punch holes in their cards and fasten the cards together.

Make sure people do not use words when meeting with their partner

Say

How did it feel to not be able to use words?

Were you able to find ways to be successful at communicating?

Did every communication partner understand the pictures you used?

Ask

What parts of today's class will you be able to use at work?

Let's turn to the homework assignment for your next class session.

Your Presentation Notes

Homework Assignment

Say

The next three sessions will be about wellness. You'll be talking about nutrition, exercise, health and safety precautions, prevention, medicine, signs and symptoms of illness or injury, and responding to individual health care needs. Your homework assignment for next time will be fun. You will be using a "One-Day Food Diary" to record what you eat and drink over a twenty-four hour period.

Do

Go over the directions on the homework assignment.

Say

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time.

Your Presentation Notes

Home Work Assignment for Session #3: One-Day Food Diary

DIRECTIONS: In preparation for the module on *Wellness*, please track what you eat and drink over a 24-hour period, and record the information below. Please include water, coffee, tea, juice, and soda. Be sure to include meals out, snacks and “just grazing.” Include every pat of margarine, every spoonful of sugar, how much of what was on the sandwich, etc.

When?	What?	How much? (e.g., 16 oz. T-bone; bowl of cereal w/milk; etc.)
<i>BREAKFAST:</i>		
<i>Between BREAKFAST & LUNCH</i>		
<i>LUNCH</i>		
<i>Between LUNCH & DINNER</i>		
<i>DINNER</i>		
<i>Between DINNER & BREAKFAST the next morning</i>		

Now, please estimate the number of *servings*, from the six food groups in *The Food Pyramid* and indicate how many 8 oz. glasses of fluid you took in.

Food Group

No. of servings

BREAD, CEREAL, RICE & PASTA GROUP	_____
VEGETABLE GROUP	_____
FRUIT GROUP	_____
MILK, YOGURT, & CHEESE GROUP	_____
MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NETS GROUP	_____
FATS, OILS, & SWEETS.....	_____
About how many 8 oz. glasses of fluid do you take in?	_____

THE FOOD PYRAMID

A GUIDE TO GOOD NUTRITION

FATS, OILS, & SWEETS
Use sparingly

MILK, YOGURT, & CHEESE GROUP

2-3 servings

One serving equals:

- 1 cup nonfat or lowfat milk or yogurt
- 1 1/2 oz. lowfat or nonfat cheese

MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NUTS GROUP

2-3 servings

One serving equals:

- 2-3 oz. of cooked lean meat, poultry, or fish
- 1/2 cup cooked dry beans, 1 egg, or 2 tbsp. peanut butter count as 1/2 a serving

VEGETABLE GROUP

3-5 servings

One serving equals:

- 1 cup raw leafy vegetables
- 1/2 cup other vegetables, cooked or chopped raw
- 3/4 cup vegetable juice

FRUIT GROUP

2-4 servings

One serving equals:

- 1 piece of fruit (like a medium apple, banana, or orange)
- 1/2 cup chopped, cooked, or canned fruit, 3/4 cup of fruit juice

BREAD, CEREAL, RICE, & PASTA GROUP

6-11 servings

One serving equals:

- 1 slice of bread
- 1 tortilla
- 1 oz. ready-to-eat cereal
- 1/2 cup cooked cereal, rice, or pasta
- 1/2 bagel
- 4-6 crackers

What is the Food Guide Pyramid?

The Food Pyramid is a daily nutrition guide, to assist you in choosing a healthy diet. For good nutrition, choose a variety of foods each day, from each of the 5 food groups. Also, eat at least the recommended number of servings from each food group, so your body gets the nutrients it needs. Active people, children, teens, and pregnant women usually need more than the minimum daily servings listed above. To stay healthy you also need to get regular physical activity.

from the **Kaiser Permanente Healthwise Handbook**

If You Want to Read More About Communication

Communicate with Confidence: How to Say it Right the First Time and Every Time

by Dianna Booher (1994); R.R. Donnelly and Sons Company; ISBN: 0-07-006455-5

The book starts with a touching story about miscommunication, and goes on to give 23 chapters of practical and easy to read advice on improving communication in business as well as in our personal lives. Booher says that personally or professionally, communication is a life or death issue. The book has over 1,000 tips for improving communication, including how to ask questions, how to answer questions, apologizing, criticizing, and negotiating, among others.

Partners in Everyday Communicative Exchanges

by Nancy Butterfield, Michael Arthur and Jeff Sigafos (1995); MacLennan and Petty Pty Limited; ISBN: 0 86433 088 X

This book is written for teachers, speech pathologists, and everyone who may communicate with a person who has severe disability. It is complete with case studies and a chapter on challenging behavior. It contains workshop material for the person who may have to teach others about communication.

Augmenting Basic Communication in Natural Contexts

by Jeanne M. Johnson PhD, Diane Baumgart, PhD, Edwin Helmstetter, PhD, and Chris A. Curry MS (1996); Paul H. Brookes Publishing Co. Inc.; ISBN 1-55766-243-6

This book includes a step-by-step guide to completing an assessment of communication and creating a system for people with severe disabilities. Chapter 10, about Kevin will show the reader some systems that work.

Communicating in Sign: Creative Ways to Learn American Sign Language

by Diane P. Chambers (1998); Fireside; ISBN 0-684-83520-7

Language comes from the way we use our bodies to communicate and how we understand the emotions that are communicated to us. The five components of ASL are eye contact, facial expression, body language, mouth movements, and hand movements. Chambers walks the reader through these components, giving illustrated signs as well as offering a chapter on deaf culture.

For those who surf the web:

<http://www.deafworldweb.org/pub/a/asl.html> has a host of information about sign language in different languages, as well as ASL, and illustrates stories for someone learning to sign.

<http://www.familyvillage.wisc.edu/general/signlanguage.html> has several links to other sites for information about sign language. Many of the links get the reader to books and videos that might be helpful for the DSP.

There are several companies that sell communication aids. The DSP can check with a speech therapist for names of some of those companies.

References for this Session

Effective Listening Skills

by Dennis M. Kratz, Abby Robinson Kratz, Art James Productions,
Art James (May 1995); Irwin Professional Pub.; ISBN: 0786301228

Interpersonal Communication Skills

by Debra Sutch (May 1996); Careertrack Inc.; ISBN: 1559774886

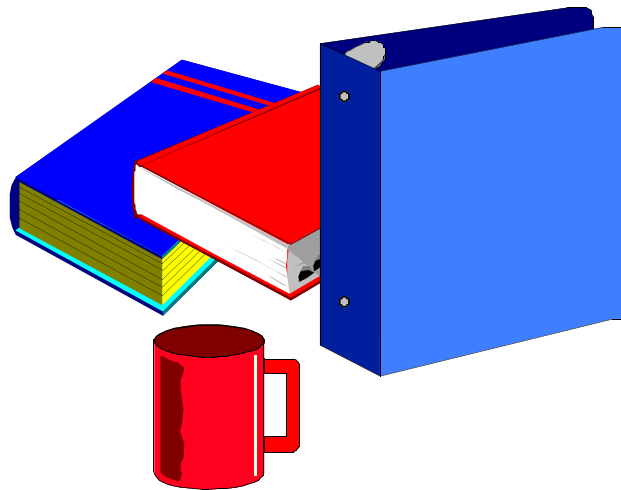
Inter-Act : Using Interpersonal Communication Skills

by Rudolph F. Verderber, Kathleen S. Verderber (October 1997); Wadsworth Pub Co;
ISBN: 0534520561

Your Presentation Notes

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #3

Wellness: Nutrition, Exercise and Safety

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
	Total Class Sessions	12
	Total Class Time	35 hours

Session: 3

Topic: Wellness: Nutrition, Exercise and Safety

Core

Objectives: Upon completion of the three Wellness modules, the DSP should be able to:

- W-1 Demonstrate correct use of Standard Precautions.
- W-2 Demonstrate basic knowledge of medications.
- W-3 Demonstrate healthful meal planning and food preparation, storage and handling procedures.
- W-4 Utilize strategies to ensure safety, and to prevent injuries and accidents.
- W-5 Respond in a timely manner to medical emergencies.
- W-6 Respond to environmental emergencies.
- W-7 Demonstrate knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 Recognize and respond to signs and symptoms of illness or injury.
- W-9 Maintain documentation of individual health status and medical needs.
- W-10 Access community health care resources.

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights several prevention and safety measures. We urge you to talk with nurses, dietitians, and other safety and health care professionals (e.g., disaster experts; occupational therapists; sports physiologists) to broaden your understanding of the fundamentals covered in this module.

Time:	<i>Review of Homework Assignment #2</i>	15 minutes
	<i>Key Words</i>	5 minutes
	<i>Review Questions</i>	5 minutes
	<i>Some Food and Nutrition Basics</i>	25 minutes
	<i>Shopping, Handling, Preparing and Storing Food</i>	20 minutes
	<i>Movement and Exercise</i>	10 minutes
	<i>Break</i>	15 minutes
	<i>Infection Control</i>	30 minutes
	<i>Safety Around the House</i>	15 minutes
	<i>Safe Practices Lifting and Assisting Others</i>	10 minutes
	<i>Environmental Emergencies</i>	25 minutes
	<i>Homework Assignment</i>	5 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation.
 - *Resource Guide* for all class participants;
 - Peanut butter, "glo-germs," or "glitter-bugs" to illustrate germ transmission;
 - Handy-wipes for cleaning up after use of the above;
 - Television set with video player;
 - Video on proper body mechanic principles (for lifting);
 - Food pyramid, courtesy of Kaiser Permanente;
 - Easel and paper, or white board, and markers; and
 - Handouts for activities, and pencils for writing.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Do

Show overhead #1

Say

Welcome to Session #3, Wellness – Nutrition, Exercise, and Safety.

Do

Show overhead #2

Say

This is the first in a series of three modules on “health, wellness, and safety.” We will spend about half this session on *food and nutrition*, and about half on *infection control, standard precautions, safety hazards around the home, safe lifting practices, and response to environmental emergencies*.

Let's begin by reviewing the Homework Assignment.

Your Presentation Notes

Three Sessions of Wellness

- **Nutrition, Exercise, and Safety**
- **Medications**
- **Responding to Individual Needs**



Session #3, Overhead 1

Session 3: Wellness



Nutrition, Exercise and Safety

Session #3, Overhead 2

Review of Homework Assignment

For discussion

Ask

Was everyone able to keep a 24-hour food diary? Any trouble doing the homework? Having prepared a matrix on easel paper before hand, the Instructor then asks and records answers to the following questions:

- How many had 6-11 servings from the bread, cereal, rice, and pasta group? What did you eat from this group?
- How many had 3-5 servings from the vegetable group? What are some of the different ways you can include vegetables in your daily diet?
- How many had 2-4 serving from the fruit group?
- How many had 2-3 servings from the milk, yogurt, & cheese group? How many had less than 2? 4 or more?
- How many had 2-3 servings from the meat, poultry, fish, dry beans, eggs, and nuts group? How many had less than 2? 4 or more?
- What happens when we over or under eat in the food categories on the pyramid?
- What did you learn from this exercise?

Your Presentation Notes

Homework Assignment for Session #3: One-Day Food Diary

DIRECTIONS: In preparation for the module on *Wellness*, please track what you eat and drink over a 24-hour period, and record the information below. Please include water, coffee, tea, juice, and soda. Be sure to include meals out, snacks and “just grazing.” Include every pat of margarine, every spoonful of sugar, how much of what was on the sandwich, etc.

When?	What?	How much? (e.g., 16 oz. T-bone; bowl of cereal w/milk; etc.)
BREAKFAST:		
Between BREAKFAST & LUNCH		
LUNCH		
Between LUNCH & DINNER		
DINNER		
Between DINNER & BREAKFAST the next morning		

Now, please estimate the number of *servings*, from the six food groups in *The Food Pyramid* and indicate how many 8 oz. glasses of fluid you took in.

Food Group	No. of servings
BREAD, CEREAL, RICE & PASTA GROUP	_____
VEGETABLE GROUP	_____
FRUIT GROUP	_____
MILK, YOGURT, & CHEESE GROUP	_____
MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NETS GROUP	_____
FATS, OILS, & SWEETS	_____
About how many 8 oz. glasses of fluid do you take in?	_____

THE FOOD PYRAMID

A GUIDE TO GOOD NUTRITION

FATS, OILS, & SWEETS
Use sparingly

MILK, YOGURT, & CHEESE GROUP

2-3 servings

One serving equals:

- 1 cup nonfat or lowfat milk or yogurt
- 1 1/2 oz. lowfat or nonfat cheese

MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NUTS GROUP

2-3 servings

One serving equals:

- 2-3 oz. of cooked lean meat, poultry, or fish
- 1/2 cup cooked dry beans, 1 egg, or 2 tbsp. peanut butter count as 1/2 a serving

VEGETABLE GROUP

3-5 servings

One serving equals:

- 1 cup raw leafy vegetables
- 1/2 cup other vegetables, cooked or chopped raw
- 3/4 cup vegetable juice

FRUIT GROUP

2-4 servings

One serving equals:

- 1 piece of fruit (like a medium apple, banana, or orange)
- 1/2 cup chopped, cooked, or canned fruit, 3/4 cup of fruit juice

BREAD, CEREAL, RICE, & PASTA GROUP

6-11 servings

One serving equals:

- 1 slice of bread
- 1 tortilla
- 1 oz. ready-to-eat cereal
- 1/2 cup cooked cereal, rice, or pasta
- 1/2 bagel
- 4-6 crackers

What is the Food Guide Pyramid?

The Food Pyramid is a daily nutrition guide, to assist you in choosing a healthy diet. For good nutrition, choose a variety of foods each day, from each of the 5 food groups. Also, eat at least the recommended number of servings from each food group, so your body gets the nutrients it needs. Active people, children, teens, and pregnant women usually need more than the minimum daily servings listed above. To stay healthy you also need to get regular physical activity.

from the **Kaiser Permanente Healthwise Handbook**

After discussion

Say

We are what we eat! So, how we can eat better, and improve both our health and well-being? We will be talking about good nutrition, kinds of diets, menus, food preparation, handling and storage of food.

Do

Show overhead #3

Say

Before we go on, a word of caution about these three sessions on health:

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Key Words

Do

Show Overhead #4

Say

Near the front of your *Resource Guide*, you will find a list of key words that you will hear a lot during today's session. They are:

Your Presentation Notes

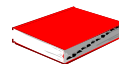
A Note of Caution

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Session #3, Overhead 3

Key Words

- Nutrition and hydration
- Movement, exercise, and physical fitness
- Infection Control
- Hand-washing
- Standard Precautions
- Safety (around the house)
- Lifting (and transfers)
- Environmental emergencies



Session #3, Overhead 4

- Nutrition and hydration
- Movement, exercise, and physical fitness
- Infection Control
- Hand-washing (thorough and frequent)
- Standard Precautions
- Safety around the house
- Lifting, helping with transfers
- Environmental Emergencies

Remember, all of these are defined in the Session #12 Key Word dictionary.

Review Questions

Do

Show overheads #5 and #6

Say

Several key points and critical skills are today's focus. As with other sessions, key points are highlighted in a set of *Review Questions*. They are in your *Resource Guide*, right after the Key Words. The review questions for today are:

1. What is good nutrition and why is it important?
2. What changes can most Americans make in their drinking and eating habits to improve their health and well-being?
3. What is the proper way to handle, prepare, and store food?

Your Presentation Notes

In-Class Review Questions

- What is good nutrition?
- What changes are needed to improve health and well-being?
- How do you handle, prepare and store food?
- Why are movement and physical activity important?

Session #3, Overhead 5

In-Class Review Questions

- How do you . . .
 - control the spread of infections?
 - lift using good body mechanics?
 - keep safe during environmental emergencies?

Session #3, Overhead 6

4. What are some of the positive effects of movement and physical activity?
5. How are infections spread, and what can you do to limit their spread?
6. Can you describe at least three principles of good body mechanics when lifting things?
7. Why is preparation, planning, and practice important in dealing with possible environmental emergencies (for example, fires, earthquakes)?

Some Food and Nutrition Basics

Do

Show overhead #7

Ask (for discussion)

How much water (or other fluid) do we need each day? Most people should drink eight 8-ounce glasses of water a day, or its equivalent. What are some ways to make sure that people get enough water/fluids?

Do caffeinated drinks (e.g., coffee, cola) count? If you drink lots of coffee, cola (even diet), and other such liquids, you need to take in more water than average as caffeine can have a dehydrating effect.

Protein, what purpose does it serve? Protein is essential for growth, development. Protein also provides energy for the body. It's found in both plant and animal products.

Your Presentation Notes

What Do We Need?

- **Water/fluid**
- **Protein**
- **Fat**
 - saturated & unsaturated
- **Carbohydrates**
 - complex & simple
- **Vitamins and minerals**
- **Calories**

Session #3, Overhead 7

Fat, do we need it?

Yes, fat provides energy, helps prevent heat loss, is also essential for growth and development, and helps maintain healthy skin, hair, and nails. Fat also makes things taste good. Fats are categorized as:

- *Saturated fat* which comes from animal foods, palm and coconut oil. This type of fat intake should be minimized in the diet since it's high in cholesterol.
- *Polyunsaturated fat* which comes from vegetables oils such as corn, sunflower, safflower, and soybean.
- *Monounsaturated fat* which comes mainly from oils such as olive, peanut, and canola. These are the best fats to consume and to use in cooking.

Carbohydrates, why are they important?

Except for fiber (the non-digestible carbohydrate), both simple and complex carbohydrates are converted into glucose or sugar, which directly provides energy for the body. Carbohydrates are the main source of blood sugar, a major fuel for all cells, and the only source of energy for the brain and red blood cells.

Vitamins and minerals, where do they fit in?

Vitamins are essential for normal growth and development as well as normal body functions and overall health. Minerals also help regulate and maintain body functions. Both vitamins and minerals are obtained through the food that we eat. Examples of vitamins are A, B, C, D, E

Your Presentation Notes

What Do We Need?

- **Water/fluid**
- **Protein**
- **Fat**
 - **saturated & unsaturated**
- **Carbohydrates**
 - **complex & simple**
- **Vitamins and minerals**
- **Calories**

Session #3, Overhead 7

and K and examples of minerals are calcium, copper, magnesium, zinc, and iron. Each has a recommended daily requirement, which for most people can be found in a well balanced diet.

What happens if we take in too many calories and slow down in our activity level? We gain weight. What happens if we take in more calories and increase our activity? We stay the same in weight or lose a little. What happens if we take in fewer calories and increase our activity? We lose weight.

What we need to do is to balance calories from a variety of food with daily exercise.

What is cholesterol and where does it come from?

Cholesterol is found in meat, the yolks of eggs, and in various oils. The body produces cholesterol normally, so excess intake of cholesterol can be unhealthy.

Do

Show overhead #8

Say

There are three major types of diets:

- **Regular** -the kind most of us should be eating . . . a balanced diet that includes a variety of foods.
- **Modified** - changes in texture, for example, cut into small bite sizes or *pureed* because of an individual's problems in chewing or swallowing.

Your Presentation Notes

What Do We Need?

- Water/fluid
- Protein
- Fat
 - saturated & unsaturated
- Carbohydrates
 - complex & simple
- Vitamins and minerals
- Calories

Session #3, Overhead 7

Types of Diets

- Regular
- Modified
- Therapeutic



Session #3, Overhead 8

- **Therapeutic** - are special diets ordered by a physician to meet an individual's dietary or medical needs. For example, diets which are low in sodium (or salt) or low in cholesterol.

Licensed homes must provide modified and therapeutic diets, when ordered by an individual's physician. If a person is **allergic** to certain foods, they should be eliminated from the diet and substitutes found.

Do

Show overhead #9

Say

"Menus are the plan for good nutrition."
Community Care Licensing regulations require weekly menus written one week in advance, copies dated and kept on file for at least 30 days. Menus should indicate serving sizes, and should be based on (1) needs of the individual, (2) requirements for a balanced diet, (3) numbers of servings in the Food Pyramid Guide, and (4) individual likes and dislikes, cultural or religious preferences.

Do

Show overhead #10

Say

The United States Surgeon General and other health professionals and organizations urge Americans, in general, to:

Your Presentation Notes

Types of Diets

- **Regular**
- **Modified**
- **Therapeutic**



Session #3, Overhead 8

Menus

"Menus are the plan for good nutrition."



Session #3, Overhead 9

General Dietary Recommendations

- **Eat a variety of foods**
- **Increase fruits and vegetables**
- **Decrease fat and cholesterol**
- **Maintain appropriate weight**
- **Eat less sodium (salt)**
- **Eat less sugar**
- **Alcohol in moderation or not at all**

Session #3, Overhead 10

- Eat a wide variety of foods, because each has a different set of vitamins and minerals necessary for good health.
- Eat more complex carbohydrates (for example, fruits, vegetables, cereals, etc.) and fiber to help regulate the body's gastrointestinal system.
- Decrease fat and cholesterol in the diets.
- Maintain appropriate weight, by not taking in more calories than is necessary and by daily exercise and activity
- Take in less sodium (salt), by not adding salt to foods. There is usually enough salt found naturally in foods to eliminate the need for it during cooking or during the meal.
- Eat less sugar which is high in calories and low in nutritional value.
- Drink alcoholic beverages in moderation or not at all.

Do

Show overhead #11

Say

If we follow these guidelines, good things will happen, such as: avoiding problems caused by being overweight (e.g., diabetes); avoiding high blood pressure and heart disease; and,

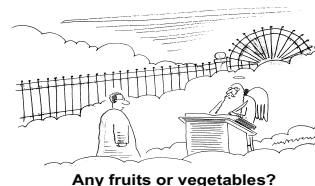
Your Presentation Notes

General Dietary Recommendations

- Eat a variety of foods
- Increase fruits and vegetables
- Decrease fat and cholesterol
- Maintain appropriate weight
- Eat less sodium (salt)
- Eat less sugar
- Alcohol in moderation or not at all

Session #3, Overhead 10

Rewards in Heaven?



Any fruits or vegetables?

Mick Stevens, New Yorker Magazine

Session #3, Overhead 11

getting adequate calcium to minimize bone loss as we grow older.

Do

Show overhead #12

On the overhead projector (or flip chart paper if using PowerPoint), and with a narrow-tip marking pen, write in what students say in response to the following question:

Ask

What are changes in what we eat and how we prepare our food that will reduce fat in our diet?

Say

Let's think of ways to reduce fat in the diet, by making small changes in what we eat and how we prepare our food. **Instead of** "1. Whole milk," **Choose** _____. And, so forth.

Try to get everyone to participate. Get multiple ideas. Comment if the choice ranges beyond the item, or if the suggestion has lots of fat.

Here are some ideas if not stated:

Instead of whole milk choose 1% milk, nonfat milk, soy or rice milk

Instead of ice cream choose sorbet, low fat ice cream

Your Presentation Notes

Some Ways to Reduce Fat

Instead of	Choose
1. Whole milk.....	
2. Ice cream.....	
3. Butter, margarine.....	
4. Regular cheese.....	
5. French fries, hash browns.....	
6. Sour cream.....	
7. Oil-paked tuna.....	
8. Cooking oil.....	
9. Fatty meats.....	
10. Vegetables in cream, or butter sauce.....	
11. Potato chips.....	

Adapted with thanks from work by Terri Liebowitz, MS, RD

Session #3, Overhead 12

Activity:
Some Ways to Reduce Fat in the Diet

Let's brainstorm substitutes (or other changes) that would result in less *fat* in the diet.

Instead of:

Choose:

1. Whole milk
2. Ice cream
3. Butter, margarine
4. Regular cheese
5. French fries or hash browns
6. Sour cream
7. Oil-packed tuna
8. Cooking oil, lard, shortening
9. Fatty meats
10. Vegetables in cream, or
butter sauce
11. Potato chips

Adapted with thanks from work by Terri Lisagor, MS, RD.

Instead of butter or margarine choose olive oil, yogurt, salsa, or applesauce

Instead of regular cheese choose low or reduced fat cheese

Instead of french fries or hash browns choose baked or boiled potatoes

Instead of sour cream choose salsa, yogurt, non or low fat sour cream

Instead of oil-packed tuna choose water packed

Instead of cooking oil, lard, shortening choose olive oil, canola, or spray

Instead of fatty meats choose trimmed meats, skinless chicken, fish

Instead of vegetables in cream or butter sauce choose steamed, microwaved, cooked in broth

Instead of potato chips choose pretzels, oven baked chips

Say

Much of what we eat is based on **habit** and what we find **tasty**. As with most things, moderation is the key. If you are moving toward more nutritious food and improved hydration, it is wise to make changes **gradually**, giving taste buds a chance to adapt. Reducing fat or excess salt in our diet can be hard. So, make food fun, talk about good nutrition, and make a series of small changes.

Your Presentation Notes

Some Ways to Reduce Fat

Instead of	Choose
1. Whole milk	1. Skim milk
2. Ice cream	2. Frozen yogurt
3. Butter, margarine	3. Canola oil
4. Regular cheese	4. Low fat cheese
5. French fries, hash browns	5. Baked potatoes
6. Sour cream	6. Yogurt
7. Oil-packed tuna	7. Water-packed tuna
8. Cooking oil, lard	8. Canola oil
9. Fatty meats	9. Lean meats
10. Vegetables in cream, or butter sauce	10. Steamed vegetables
11. Potato chips	11. Pretzels

Adapted with thanks from work by Terri Hiesor, MS, RD
Session #3, Overhead 12

Shopping, Handling, Preparing, and Storing Food

Do

Show overhead #13

Say

Cooking food properly is important for three reasons.

First, to conserve nutrients (e.g., vitamins and minerals).

Second, some foods (for example, ground beef, poultry) must be cooked well-done (e.g., ground beef gray; poultry not bleeding), in order to be sure most (if not all) harmful bacteria have been killed.

Third, taste and texture change and often improve with cooking.

Good ways to cook vegetables are to microwave, steam or quick-fry in water or broth or spray oil. It is important not to cook vegetables too long because the nutrients can be cooked away. Frying vegetables in oil may taste better, but it will also increase the fat content.

Various methods of cooking meat and poultry have their *advantages* and

Your Presentation Notes

Food Preparation

- Conserve nutrients
- Kill harmful bacteria
- Improve taste
- So, . . . Roast? Steam?
Boil? Wok? Poach?
Microwave? Bake?
Broil?



Session #3, Overhead 13

disadvantages. For example, frying in oil will retain most of the vitamins, but will add to the fat content of the food.

Wok cooking (high heat, little water or oil) works well, unless too much salt is added.

Steaming works well, as does roasting, although some nutrients will be lost.

Microwaving keeps in nutrients, but the color is sometimes not very appetizing. One technique is to quick brown and then finish cooking in the microwave.

Do

Show overhead #14

Say

Bacteria grow rapidly in warm, moist places. Several bacteria that can cause illness (and, sometimes death) are food-borne: E. Coli 0157:H7; Botulism, Salmonella, Hepatitis A, Listeria, and others. Many foods – notably ground beef, shellfish, other seafood, meat, poultry, eggs, gravies, stuffing, dairy products, soft cheese, etc. – can harbor such bacteria and can cause indigestion or food poisoning. Here are things you can do to avoid food-borne pathogens:

- Cook at 165 degrees F. (internal temperature)or higher, thoroughly, and long enough to kill bacteria.

Your Presentation Notes

Food Preparation

- Conserve nutrients
- Kill harmful bacteria
- Improve taste
- So, . . . Roast? Steam? Boil? Wok? Poach? Microwave? Bake? Broil?



Session #3, Overhead 13

Proper Handling of Food

- Cook at 165° F. internal temperature or higher
- Freeze (0–14 ° F.)
- Refrigerator temp at 32 – 40 ° F.
- Do not leave food at room temperature
- Defrost in refrigerator
- Avoid cross-contamin



Session #3, Overhead 14

Activity:
Food Label Exercise

See food labels on the next page.

1. What do the labels tell you about calories?

2. What, if anything, does the order of ingredients tell you?

3. What can you learn from these labels about fat, cholesterol, sodium, and fiber?

4. What else can one learn from food labels?

Discuss

After about 10 minutes, ask and discuss the following questions from the activity sheet:

1. *What did the labels tell you about calories?*

- calories per serving
- calories per serving from fat
- percentage of several elements based on a 2,000 calorie diet
- calories per gram
- recommended limits for fat, saturated fat, cholesterol, and sodium for diets of 2,000 and 2,500 calories

2. *What, if anything, does the order of ingredients tell you?*

- by volume of weight, the first ingredient is most prevalent and the last ingredient is the least

3. *What did you learn from the labels about fat, cholesterol, sodium, and fiber?*

- the amount of each per serving
- daily values of each based on a 2,000 or 2,500 calorie diet
- a note that a particular element (for example, fiber) is not a significant source for dietary purposes

4. *What else can you learn from food labels?*

- percent of daily requirement for certain vitamins and minerals
- selected other information (for example, the OJ is pasteurized)

Your Presentation Notes

Food Labels

<div>Brand X Pure Premium Oil</div> <div>16 FL. OZ. (1 PT) 500ml</div> <div><div>Nutrition Facts</div><div>Serving Size 8 fl oz (240 ml)</div><div>Servings Per Container 20</div><div><div><div>Total Fat</div><div>100g</div></div><div><div>Sodium</div><div>0g</div></div><div><div>Total Carbohydrate</div><div>0g</div></div><div><div>Fiber</div><div>0g</div></div><div><div>Sugar</div><div>0g</div></div><div><div>Protein</div><div>0g</div></div></div><div>Percent Daily Values are based on a diet of other people's secrets.</div></div>	<div>Del's Medium Salad</div> <div>16 FL. OZ. (1 PT) 500ml</div> <div><div><div>Nutrition Facts</div><div>Serving Size 8 fl oz (240 ml)</div><div>Servings Per Container 20</div><div><div><div>Total Fat</div><div>100g</div></div><div><div>Sodium</div><div>0g</div></div><div><div>Total Carbohydrate</div><div>0g</div></div><div><div>Fiber</div><div>0g</div></div><div><div>Sugar</div><div>0g</div></div><div><div>Protein</div><div>0g</div></div></div><div>Percent Daily Values are based on a diet of other people's secrets.</div></div></div>	<div>Green & Red Chicken Chili Burrito</div> <div>16 FL. OZ. (1 PT) 500ml</div> <div><div><div>Nutrition Facts</div><div>Serving Size 8 fl oz (240 ml)</div><div>Servings Per Container 20</div><div><div><div>Total Fat</div><div>100g</div></div><div><div>Sodium</div><div>0g</div></div><div><div>Total Carbohydrate</div><div>0g</div></div><div><div>Fiber</div><div>0g</div></div><div><div>Sugar</div><div>0g</div></div><div><div>Protein</div><div>0g</div></div></div><div>Percent Daily Values are based on a diet of other people's secrets.</div></div></div>
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Session #3, Overhead 15

Movement and Exercise

Say, and Discuss

Before we take a break, let's talk for a few minutes about the importance of movement and physical exercise in health.

What are some benefits of regular physical activity, such as walking, swimming, or running? After listening to participant's suggestions . . .

Do

Show overhead #16

Say

Here are some of the potential benefits of movement and exercise:

- Relieves tension and stress
- Provides enjoyment and fun
- Stimulates the mind
- Helps maintain stable weight
- Controls appetite
- Boosts self-image
- Improves muscle tone and strength
- Improves flexibility
- Lowers blood pressure
- Relieves insomnia
- Increases "good" (HDL) cholesterol
- Prevents diabetes
- Helps maintain 'regularity'

Your Presentation Notes

Some Potential Benefits of Exercise and Activity

- **Relieve stress**
- **Enjoyment and fun**
- **Control weight, appetite**
- **Boost self-esteem**
- **Improve flexibility, tone, blood pressure, sleep**
- **Maintain 'regularity'**

Session #3, Overhead 16

Ask

What kinds of movement and exercise do you include in your routine each week?

How about the people at the home where you work?

What are some ways to increase activity?
After some discussion,

Say

Increasing activity will increase exertion and stress to the joints and muscles, so consider the individual's capabilities and interests. It's important to consult the primary care physician before beginning a new or increased physical activity. Activities to increase movement might include: walking; swimming; stretching; yoga; and, upperbody activities for people who use wheelchairs.

Do

Write down ideas on a flip chart.

BREAK for 15 minutes

Infection Control

Say

We've talked about germs found in food and ways to prevent them from growing or spreading. Now let's look at ways to reduce

Your Presentation Notes

the spread of germs that cause disease. The world contains millions of microorganisms which are tiny living things. Many are helpful (for example, those which help with digestion, or elimination). However, some can make us sick and those are called pathogens or germs.

DO

Show overhead #17

Say

Harmful micro-organisms or germs can enter our bodies (1) as microscopic droplets through coughing or sneezing; (2) by person-to-person contact; or (3) by contaminated water, food, or other items we take in.

Infection control is a way to prevent the spread of germs from one place or one person to another.

Infection control is a **two-way street**. We don't want to pick up germs from others.

And, we don't want to do things that spread infection around to others.

Do, and Discuss

Using "glo-germs," or "glitter-bug," and pretend to sneeze. Then, touch tables, chairs, papers, hands and arms of others who volunteer "to shake hands." Use florescent light to show how germs get transmitted

Your Presentation Notes

How Infectious Micro-Organisms Enter Our Bodies

- **Droplets in the air that we breathe in**
- **Person-to-person contact**
- **Contaminated water, food, or something else entering our body**

Session #3, Overhead 17

person-to-person and person-to-object (contamination).

Ask for volunteers to participate in the same experiment. Make sure to have handy wipes available for clean-up. This is a fun activity and really proves the point.

DO

Show overhead #18

Say

Frequent and thorough **hand-washing** is considered the most important way to stop the spread of germs. If people in the home where you work often have sniffing, runny noses, flu and colds or frequent outbreaks of diarrhea, this may be an indication that hand-washing is not adequate.

Review the steps in overhead

NOTE: If time permits, and the group has access to a bathroom, a substitute activity would be demonstration and observed practice washing hands and drying properly. If this is done, you may wish to see how much residue (peanut butter, glow-germs, glitter-bugs) stayed on the hands. Use sight, smell, or the florescent lamp.

Say, and Discuss

When is it important to wash our hands?

NOTE: Participants should include at least the following:

Your Presentation Notes

Hand-Washing Technique

- Remove rings and watch
- Wet hands under water
- Apply soap (liquid if possible)
- Wash for at least 15 seconds
- Scrub all surfaces, especially fingertips and nails
- Rinse hands, from wrist down
- Use paper towel to dry
- Use second paper towel to turn off faucet

Session #3, Overhead 18

Upon arrival at work, and before touching . . .

Food,

Someone's medicine,

Kitchen utensils or equipment,

Someone's non-intact skin,

Gloves which are to be put on.

Be sure to wash your hands upon getting ready to leave work, and after . . .

Going to the toilet or assisting others.

Sneezing, coughing, or blowing your nose, or assisting others.

Touching your mouth, nose, or other part of your body or others.

Touching any bodily fluids (except sweat).

Touching someone's soiled clothing or linens.

Providing assistance with medications.

Removing and disposing of your gloves.

Helping someone with personal care.

Touching anything else that could be contaminated with germs.

These same hand-washing techniques are important for individuals living in the home where you work to learn and practice as well.

Your Presentation Notes

Hand-Washing Technique

- Remove rings and watch
- Wet hands under water
- Apply soap (liquid if possible)
- Wash for at least 15 seconds
- Scrub all surfaces, especially fingertips and nails
- Rinse hands, from wrist down
- Use paper towel to dry
- Use second paper towel to turn off faucet

Session #3, Overhead 18

Do

Show overhead #19

Say

Let's turn to **Standard Precautions**, to guard against blood-borne pathogens. These precautions apply to "all blood, all body fluids, secretions, excretions (except sweat), whether or not they contain visible blood." These precautions guard against Hepatitis B, and HIV, in particular.

Wearing **disposable gloves** is the major component of Standard Precautions. Gloves should be worn when . . .

- cleaning the rectal or genital area,
- giving mouth care (e.g., helping with tooth-brushing),
- shaving with a disposable blade razor,
- cleaning toilets,
- cleaning up urine, feces, vomit, or blood;
- menstrual care and disposal of sanitary supplies, and
- performing wound care or first aid.

It's a good idea to wear gloves when helping

Your Presentation Notes

Wear Disposable Gloves When. . .

- Cleaning rectal or genital area
- Giving mouth care
- Shaving with blade razor
- Cleaning toilets
- Cleaning up urine, feces, vomit, or blood
- Menstrual care
- Wound care
- Handling soiled linen

Session #3, Overhead 19

someone to bathe or shower. In any event, . . .

- use a fresh, clean washcloth,
- help bathe from top (hair, face) down,
- dispose of wash cloth after each bath,
- clean the tub or shower floor (1:10 household bleach in a spray bottle works well) between baths, and
- use fresh, clean water for the next bath.

Gloves must be changed and disposed of, and hands washed afterwards, when moving from one person to another. Otherwise, the gloves (if they don't break) only protect you, the worker, and not the people being assisted.

Some people are allergic to the latex in gloves and special, non-latex gloves can be purchased.

Say, and Discuss

What are some additional ways DSPs can help minimize the spread of germs?

NOTE: Students should mention some of the following.

- Cleaning up spills of bodily fluids and disinfecting, using 1/4 cup of chlorine bleach per gallon of water (1:10 solution).

Your Presentation Notes

- Handling soiled laundry as little as possible.
- Washing soiled clothing and linens separately from other clothes.
- Use of paper towels throughout house.
- Making sure individuals follow good hand-washing practices (for example, before touching food; after using the bathroom).
- Keeping clean and soiled hands away from the face and other areas of the body.
- Use of own toiletries and equipment (for example, combs, brushes, razors, etc.).
- Use cloth towels, frequently washed and properly stored (kept in each person's room).
- Frequent cleaning of contaminated surfaces (for example, kitchen counters, toilets and sinks, bathtubs, showers, floors, doorknobs, telephones, etc.).
- Not rinsing mop in kitchen sink.
- After washing the dishes, putting sponge in dishwasher.

Your Presentation Notes

Safety Around the House

Say

Let's turn now to things we can do to minimize injuries around the house, and when they occur, what we can do to help.

Do

Show overhead #20

Say, and Discuss

When one looks at accidents around the home, and how people are killed or injured, many conclude that accidents happen primarily because of "neglect, indifference, carelessness, or laziness." What sorts of thing do people do (or not do) that results in death or injury from . . .

1. Poison? (unlocked medications, poisons, household cleaners, pesticide; unlabeled containers; items in wrong containers; and wrong medication or dosage given)
2. Falls? (poor lighting; torn/ragged carpets; clutter; and spills)
3. Fires? (smoking in bed; loose, frayed electrical wires; and fire alarms not working)
4. Firearms? (not locked away; not disassembled; and improper use)
5. Drowning? (no water safety education; and unsupervised bathing or swimming)

Your Presentation Notes

Major Causes of Injury in the Home

- **Poisoning**
- **Falls**
- **Fire**
- **Firearms**
- **Drowning**
- **Tools and appliances**

Session #3, Overhead 20

6. Tools and appliances? (improper use and storage; faulty wiring; and unsupervised use)

Say and Discuss

Let's look at safety hazards around the house.

1. What are the major safety hazards at your own home, or at the home where you work?
2. Write the hazards on flip chart paper.
3. Summarize what is said.

Ask, and Discuss

Based on your own experience, how would you answer the following questions?

1. How do you communicate potential hazards to co-workers and individuals living in the home? (verbal communication or log; at change of shift; staff meetings; and house meetings for residents)
2. What about strategies to correct unsafe conditions? (secure area; remove safety hazards; plan prevention for future; contact a local health/safety organization for information; get things fixed right away; and avoid clutter)

Your Presentation Notes

Do

Show overhead #21

Say

Let's turn to toxic substances, including medications, household cleaning supplies, gardening materials, etc. Here are some things to do to prevent poisoning, and to plan what to do if a poisoning occurs.

- Store poisons away from food, under lock and key.
- Educate individuals in the house.
- Post phone numbers: Physician; Poison Control.
- Keep *ipecac syrup* on hand, under lock and key. **Don't give unless directed to do so by Poison Control and/or a physician.**

Do

Show overhead #22

Say

Here are some general guidelines in reporting a possible poisoning:

- Remain calm
- Call physician or Poison Control (1-800-8POISON)
- Report source (brand name, label, if possible)

Your Presentation Notes

Toxic Substances: Prevention & Planning

- Store poisons away from food, under lock and key
- Educate individuals in home
- Post phone numbers
- Keep *ipecac syrup* on hand, under lock and key



Session #3, Overhead 21

Responding to a Possible Poisoning

- Remain calm and stay with individual
- Call doctor or Poison Control (1-800-8POISON)
- Report . . .
 - source (brand name, label)
 - amount ingested or exposed to
 - change in behavior and activity level
 - age and weight
 - elapsed time

Session #3, Overhead 22

- Report amount ingested (if you don't know, say so)
- Report age and weight of the person
- Report elapsed time

Say

Now, let's practice handling four hypothetical situations involving toxic substances around the house, by pairing up and pretending to make phone calls either to the physician or Poison Control Center. This is titled *Practice Dealing with Poisoning or Drug Overdose*, in the *Resource Guide* (refer to page number). If you are the person at the Poison Control Center, you may ask questions. The practice is in conveying information about the poisoning. Take about five minutes. Each person should do two of the four.

Do

After the activity, see if there are any questions. Stress the importance of remaining calm and knowing what to do, and what not to do. Point out that if the toxic substance is petroleum-based or strongly acidic, regurgitation may result in further damage to the mouth and esophagus. The Poison Control Center or physician will tell you what to do.

Your Presentation Notes

Responding to a Possible Poisoning

- **Remain calm and stay with individual**
- **Call doctor or Poison Control (1-800-8POISON)**
- **Report . . .**
 - source (brand name, label)
 - amount ingested or exposed to
 - change in behavior and activity level
 - age and weight
 - elapsed time

Session #3, Overhead 22

Activity:

Practice Dealing with Poisoning or Drug Overdose

DIRECTIONS: Pair up with another student, and role-play calling the Poison Control Center. One person will pretend to call the Poison Control Center. The other person will play the Poison Control Center representative. There are four situations. Each student should make two of the calls.

Scenario #1. – “One of our children was playing in the field beside our house, and picked up a mushroom growing there and ate it. He brought in a small piece of the stem, but I don’t know how to identify poisonous from non-poisonous mushrooms. What should I do?” (**Questions that Poison Control staff will ask include:** 1. Where was the mushroom growing? On grass, near trees, on wood? 2. When did this happen? 3. How is the child doing? 4. Does the child have any medical conditions? 5. Name and age of the child? 6. Name of caller, phone number and zip code? 7. Do you have any syrup of ipecac in the house? 8. How close is the nearest Emergency Department?)

Scenario #2. – “We just admitted a new resident to the home. You won’t believe this, but he had various strength THORAZINE (chlorpromazine) in his clothes and various boxes. Apparently, his roommate found at least one on the floor and ate it. The pills do look like M&Ms. The roommate fell asleep eating dinner. We roused him and tried to find out what color the pill was, but he is unsure. It was either brown or red. What should we do?” (**Questions that Poison Control staff will ask include:** 1. Is the resident arousable? Is he breathing okay? 2. How long ago did this happen? 3. Are we sure it was Thorazine? 4. Was there only one pill involved or could he have eaten several? 5. How old is he? 6. Does he have any medical conditions? 7. Is he taking any medications?)

Scenario #3. – “A man with a developmental disability who lives with me was doing the dishes, and he says that he tried some of the dishwasher detergent (granule form). What should I do?” (**Questions that Poison Control staff will ask include:** 1. Is the patient having any symptoms? 2. Is this the automatic dishwashing detergent? 3. Has he received any water or milk? 4. Look in the mouth - any burns, problems swallowing, or drooling? 5. Does our patient have any past medical conditions?)

Scenario #4. – “Sam was using Super Glue on his model airplane project. When he was brushing back his hair, he got a gob of the glue in his eye, . . . or, at least I think he did, because his eye is closed. What should I do?” (**Questions that Poison Control staff will ask include:** 1. Is Sam complaining of any eye pain? 2. Can you irrigate his eye under the kitchen faucet or under the show spigot for 10 minutes? 3. Are the skin surfaces glued together or the eye lashes? 4. Does Sam wear contact lenses?)

Safe Practices Lifting and Assisting Others

Say

Let's turn now to lifting, and assisting others to transfer (say, from bed to a wheelchair). At some time during their lives, 80% of people experience some back problem. Safe lifting, positioning, and transfer practices can not only save your back, but avoid injury to the person being assisted.

Do

Show overhead #23

Say

The best way to protecting your back is to:

- Size Up the Load
- Push, Don't Pull
- Move, Don't Reach
- Squat, Don't Bend
- Turn, Don't Twist
- Ask for Assistance

Discuss

Any other suggestions for protecting your back?

Your Presentation Notes

Protecting Your Back

- **Size Up the Load**
- **Push, Don't Pull**
- **Move, Don't Reach**
- **Squat, Don't Bend**
- **Turn, Don't Twist**
- **Ask for Assistance**

Session #3, Overhead 23

Say

You may want to check with your local ROCP, Worker's Comp or CALOSHA for resources specific to care needs in your home.

Environmental Emergencies

Say

Our final topic for today is *environmental emergencies* (fire, earthquake, flood, etc.).

Do

Show overhead #24

Say

To minimize the likelihood of an environmental emergency, and to handle one well, one needs (1) to **prepare** (having the rights things available); (2) to **plan** (deciding who will do what); (3) to **practice** (e.g., fire and disaster drills); and (4) to **perform** (to take the right action, if the emergency occurs).

Do, and Discuss

Your *Resource Guide* has information about fires and earthquakes and what you need to have and to do in order to protect (and preserve) life and property.

Your Presentation Notes

The 4 P's

- **Prepare**
 - the right things available
- **Plan**
 - who will do what
- **Practice**
 - drills
- **Perform**
 - the right action in an emergency

Session #3, Overhead 24

Our final activity is titled *Disaster Planning and Response* and you can find it in the *Resource Guide* (please refer to the page number).

Work as a group at your table, and using the materials in the *Resource Guide*, please
(1) identify a potential disaster (2) list what could happen if the disaster were to occur,
(3) describe any additional preparations beyond those listed in the *Resource Guide*,
and (4) indicate what you would plan to do in response to such a disaster. Take about 15 minutes to do this.

Ask each table to report the disaster chosen, and what they came up in answer to the questions.

Say

We have covered a wide range of topics, all related to staying healthy and safe.

How would you use what we have talked about today in your work?

Homework Assignment

Say

Next time, we'll be talking about medications, what they are for, how to use them safely, and what to look for in terms of side effects and interactions. Your homework assignment is to check around either the home where you work or your own home, and to record some information about non-prescription, so-called Over-the-Counter (OTC) medications: things like aspirin, Tylenol, Nyquil, anti-diarrhea medicine,

Your Presentation Notes

The 4 P's

- **Prepare**
 - the right things available
- **Plan**
 - who will do what
- **Practice**
 - drills
- **Perform**
 - the right action in an emergency

Session #3, Overhead 24

Activity:
Disaster Planning and Response

DIRECTIONS: At your table, agree on a particular type of disaster, other than an earthquake, to discuss: flood; fire; tornado; toxic spill in the neighborhood; Y2K; or something else.

1. What would be a “worst case” scenario for you and the home where you work?
2. What steps could you take to be better prepared?
3. What would you do if the disaster were to occur?

Figure 4 Disaster Plan

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, COMMUNITY CARE FACILITIES AND CHILD DAYCARE CENTERS

INSTRUCTIONS:

Post a copy in a prominent location in facility near telephone.
Return a copy to the licensing office. Licensee is
responsible for updating information as required.

NAME OF FACILITY		ADMINISTRATOR OF FACILITY	
FACILITY ADDRESS (NUMBER, STREET,	CITY,	STATE,	ZIP CODE)
		TELEPHONE NUMBER ()	

I. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE
-----------	------

II. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVALUATION AND PERSON COUNT
2.		HANDLE FIRST AID, AS NEEDED
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION, IF NEEDED
5.		OTHER (DESCRIBE)
6.		

III. EMERGENCY NAMES AND TELEPHONE NUMBERS (9-1-1 NOT ACCEPTABLE)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	CRISIS CENTER
CHILD PROTECTIVE SERVICES	OTHER AGENCY/PERSON

IV. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

V. TEMPORARY RELOCATION SITE(S)

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER ()

VI. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY
WATER
GAS

VII. FIRST AID KIT (IF REQUIRED)

VIII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED)
FIRE EXTINGUISHER LOCATION (IF REQUIRED)
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)
LOCATION OF DEVICE

LIC 610 (10/92) (PUBLIC)

Your Presentation Notes

Homework Assignment for Session #4: Over-the-Counter Medication in the Home

Directions: Your homework assignment is to check around either the home where you work or your own home, and to record some information about non-prescription, Over-the-Counter medications: things like aspirin, Tylenol, Nyquil, anti-diarrhea medicine, heartburn medications, and the like.

1. What kinds of over-the-counter medications (for example, pain; inflammation; heartburn; cold/flu symptoms) – that is, non-prescription medications -- are in the home?
2. How many over-the-counter containers (for example, packages; bottles) were you able to find?
3. How many have expiration dates in the past?
4. How many are under lock and key, accessible only to someone who has a key?

If You Want to Read More About Nutrition, Prevention, Infection Control, Standard Precautions, Avoiding Injuries and Accidents, and Environmental Emergencies

The American Dietetic Association's Complete Food and Nutrition Guide

by Roberta Larson Duyff (1998); Chronimed Publishers; ISBN: 1565611608

Named a top health book by *Ladies Home Journal*, The American Dietetic Association's *Complete Food & Nutrition Guide* teaches how to combine "good taste and good health" in every meal and snack. No matter how nutritionally impaired you think you are, you'll find clear, understandable information on the basics of metabolism and weight management, vegetarianism, nutrition for athletes, food allergies, and more. (Source: Amazon.com Review)

Eating for Good Health

by Reader's Digest (1995); Reader's Digest Association; ISBN: 0895778327

This short, beautifully illustrated book, is packed with useful information for anyone eager to learn more about the connection between food and health.

The Food Shopping Counter

by Annette B. Natow and Jo-Ann Heslin (1999); Pocket Books revised edition; ISBN: 0671004522

This book, one of a series, has calorie, fat, sodium, carbohydrate, and fiber values for more than 20,000 items, both generic and brand names, organized into more than 350 categories.

Fast Food Restaurant Nutrition Counter

by Dr. Art Ulene (1996); Avery Publishing Group; ISBN: 0895296667

This book has over 3,000 restaurant chain food items listed, in terms of serving size, total calories, protein, carbohydrates, sodium, fiber, total fat, saturated fat, and cholesterol. Art Ulene, M.D., received his medical degree from UCLA School of Medicine, and has appeared nationally on TV programs, such as NBC's Today Show. He is the author of more than forty books and home video/audio programs.

Disaster Preparedness for People with Disabilities

by American Red Cross Disaster Services (1996); Author; ISBN: None.

This is a self-instructional manual for people with disabilities. It contains a number of exercises and checklists. It includes a number of considerations (e.g., protecting one's assistance dog) not found in more generic guides.

Poison! How to Handle the Hazardous Substances in Your Home

by Jim Morelli (1997); Andrews and McMeel; ISBN: 083622721 (pbk.)

The back cover begins: "You live in a toxic dump. There's no getting around it. If you wash dishes, do laundry, or clean the toilet, oven, or sink, chances are good that you use a poisonous material to do it." Morelli worked in a Poison Control Center, and thus has first-hand knowledge of the kinds of work involved.

Hazards at Home

by Bill Gutman (1996); Twenty-First Century Books; ISBN: 0805041419

This book deals with falls, fires and burns, poisons, firearms, swimming pools and other drowning dangers, tools and machinery, and how to help if there is an accident.

Health and Wellness Reference Guide

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with direct care staff in various settings.

References for this Session

Douglas Fisher, Ph.D., Director of Professional Development and Assistant Professor of Teacher Education, San Diego State University, for sharing curriculum materials for a residential service provider course he teaches.

Kaiser Permanente's Healthwise Handbook

by Donald W. Kemper, the Healthwise Staff, and Kaiser Permanente Physicians and Staff of Northern California (1998); Healthwise, Incorporated; ISBN: 1877930458

This handbook, distributed to members, contains a wealth of information related to self-care and when to get professional help. Part I covers Self-Care Basics, which includes using the Kaiser Permanente System, being a wise medical consumer, and prevention and early detection. Part II covers an array of health problems, including those of special interest to men, women, and children. Part III is about Staying Healthy, and covers mouth and dental problems, fitness and relaxation, nutrition, and mental wellness. Part IV, on Self-Care Resources, concludes the book.

Assessing Health Risk in Developmental Disabilities

By Karen Green McGowan & Jim McGowan (1995); McGowan Publications; ISBN: None

This book explains the rationale and use of KMG Fragility Scale.

Nursing Assistants: A Basic Study Guide

by Beverly Robertson, MSC (1996); First Class Books, Inc.; ISBN: 1880246074

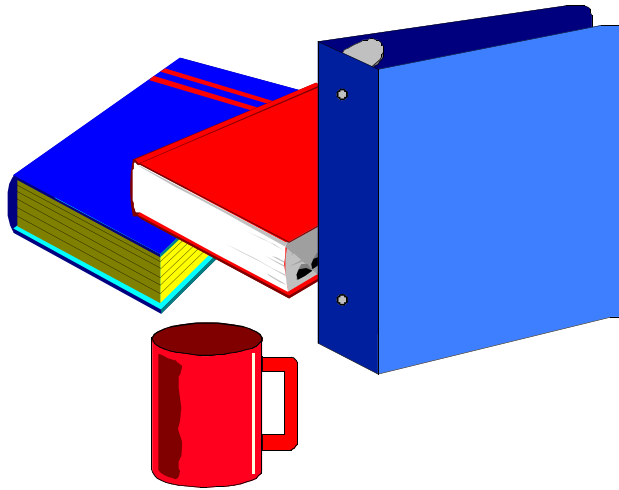
This Study Guide contains 16 Step-by-Step Modules and 32 Flash Cards, covering the fundamentals of being a competent Nursing Assistant in long-term care.

Positioning, Turning and Transferring: Module 895.11 in the North Dakota Developmental Disabilities Staff Training Program

by North Dakota Center for Disabilities, a UAP (April 1995).

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #4 Wellness: Medications

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 4
Topic: Wellness: Medications

Core

Objectives: Upon completion of the three Wellness modules, the DSP should be able to:

- W-1 Demonstrate correct use of Standard Precautions.
- W-2 Demonstrate basic knowledge of medications.
- W-3 Demonstrate healthful meal planning and food preparation, storage and handling procedures.
- W-4 Utilize strategies to ensure safety, and to prevent injuries and accidents.
- W-5 Respond in a timely manner to medical emergencies.
- W-6 Respond to environmental emergencies.
- W-7 Demonstrate knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 Recognize and respond to signs and symptoms of illness or injury.
- W-9 Maintain documentation of individual health status and medical needs.
- W-10 Access community health care resources.

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights medication. This module does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g., dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Time:	<i>Review of Homework Assignment #3</i>	10 minutes
	<i>Key Words</i>	3 minutes
	<i>Review Questions</i>	5 minutes
	<i>Medications</i>	15 minutes
	<i>Preparation and Administration</i>	35 minutes
	<i>Break</i>	15 minutes
	<i>Adverse Reactions and Side Effects</i>	35 minutes
	<i>Correct Handling of Drugs, and Recording</i>	30 minutes
	<i>Common Medications and Their Use</i>	20 minutes
	<i>Concluding Thoughts on DSP's Role</i>	5 minutes
	<i>Homework Assignment</i>	7 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation.
 - *Resource Guide* for all class participants;
 - Enough bubble-packs and containers, properly labeled (J. Doe, 1 bean per day), with jelly beans (make sure that 4 of the sets are yellow and the rest are red) or other candies for practicing (You will need to work with your local pharmacist to obtain these materials. Check with DSPs to find out the best pharmacist in your area.);
 - Easel and paper, or white board, and markers; and
 - Pencils for writing.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Do

Show overhead #1

Say

Welcome to the second of three sessions on Wellness.

Do

Show overhead #2

Say

This session is titled Medications and we will spend the entire session on

- *how to help with self-administration of medications;*
- *drug interactions, observing for adverse reactions and other side effects; and*
- *recording, reporting, and responding when problems arise; and*
- *some common medications and their uses.*

Your Presentation Notes

Three Sessions of Wellness

- **Nutrition, Exercise and Safety**
- **Medications**
- **Responding to Individual Needs**



Session #4, Overhead 1

Session 4: Wellness



Medications

Session #4, Overhead 2

Do

Show overhead #3

Say

Once again, a word of caution about these three sessions on health:

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Okay, Let's review the Homework Assignment.

Review of Homework Assignment

For discussion, Ask

Did everyone, at your own home or the care home, check for over-the-counter medications?

Any trouble doing the homework?

Do

Having written the four questions below on separate sheets of flip-chart or easel paper before hand.

Your Presentation Notes

A Note of Caution

- **The information in this session is not intended to be medical advice.**
- **Medical advice should be obtained from a licensed physician.**
- **We urge you to talk to health care professionals about the fundamentals covered in this session.**

Session #3, Overhead 3

Homework Assignment for Session #4: Over-the-Counter Medication in the Home

Directions: Your homework assignment is to check around either the home where you work or your own home, and to record some information about non-prescription, Over-the-Counter medications: things like aspirin, Tylenol, Nyquil, anti-diarrhea medicine, heartburn medications, and the like.

1. What kinds of over-the-counter medications (for example, pain; inflammation; heartburn; cold/flu symptoms) – that is, non-prescription medications -- are in the home?
2. How many over-the-counter containers (for example, packages; bottles) were you able to find?
3. How many have expiration dates in the past?
4. How many are under lock and key, accessible only to someone who has a key?

Ask

1. What kinds of over-the-counter medications (e.g., pain; inflammation; heartburn; cold/flu symptoms) – that is, non-prescription medications – are in the home?
2. How many over-the-counter containers (e.g., packages; bottles) were you able to find?
3. How many have expiration dates in the past?
4. How many are under lock and key, accessible only to someone who has a key?

Do

Record answers to the above questions, using check marks next to a statement, if the same point is made by more than one individual:

After discussion, say

Over-the-counter medications, in care homes, should not be accessible to residents, except in very special circumstances – say, when learning self-medication – and then under lock and key to keep others away from them. Medications can help, . . . and, they can be injurious. Many are very **powerful substances!** We will be talking about the role of the DSP in assisting people with their medications.

Your Presentation Notes

Key Words

Do

Show Overhead #4

Say

Near the front of your *Resource Guide*, you will find a list of key words that you will hear a lot during today's session. They are:

- Prescription
- Pharmacy/Pharmacist
- Medication
- Medication Self-Administration
- Adverse reactions
- Side effects
- Drug interactions, including food and alcohol
- Medication recording and storage

Review Questions

Do

Show overhead #5

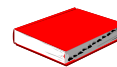
Say

Several key points and critical skills are today's focus. As with other sessions, key points are highlighted in a set of *Review*

Your Presentation Notes

Key Words

- Prescription
- Pharmacy/Pharmacist
- Medication
- Medication Self-Administration
- Adverse Reactions
- Side Effects
- Drug Interactions
- Medication Recording



Session #4, Overhead 4

Review Questions

- What are the *Five Rights*?
- Is it ever okay to package a dose of medicine?
- What about "as needed" medication?
- What is an adverse reaction or side effect?

Session #4, Overhead 5

Questions. They are in your *Resource Guide*, right after the Key Words. The review questions for today are:

1. What are the *Five Rights* in assisting an individual with medication?
2. Is it ever okay to package up a dose of medicine to be taken when away from the home?
3. When can “as needed” medicine, including over-the-counter remedies, be administered?
4. In your own words, what is an adverse *drug interaction* or *side effect*? How should you respond?

You will also find a series of True/False questions to test your knowledge.

Medications

Do

Show overhead #6

Say

A *medication* is a substance taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure. Substances with other primary purposes (for example, lipstick and other cosmetics) are not considered medications.

Your Presentation Notes

What is a *medication*?

A *medication* is a substance taken into (or applied to) the body for the purpose of prevention, treatment relief of symptoms, or cure.”



Session #4, Overhead 6

Do

Show Overhead #7

Say

The most powerful medications that we use are by *prescription* – that is, they must be ordered by a physician or other prescriber (e.g., a dentist, podiatrist).

Others can be purchased without a prescription. They are called *over-the-counter* drugs.

Many medications do a lot of good. However, medications or drugs may also cause harm. Knowing about medications, their use and abuse, and how to assist individuals in using them, is vital to the health and well-being of those you serve.

Sometimes when a person takes a medication, it might make them feel confused, dizzy, anxious, or cause change in body function. This is called an unwanted effect or side effect from the medicine.

In order for the physician to prescribe a best medication, he or she needs to be informed of the person's medical history, any drug allergies, current medications the person is taking and the purpose, medical and dental conditions, and observations of recent physical or behavioral changes.

Your Presentation Notes

Terminology

- **Prescription**
- **Non-prescription or over-the-counter**

Session #4, Overhead 7

It's also a good idea to get all prescriptions and over-the-counter medications at the same pharmacy or drug store so the pharmacist can maintain an active listing of all medications and check for potential drug-drug or food-drug interactions.

Do

Show overhead #8

Say

In a Community Care Facility, the DSP can assist with self-administration of medication. Only a licensed health professional can administer medications. A physician must document an individual's ability to safely self-administer medications without assistance from the DSP.

Whether the DSP assists with self-medication or an individual takes medication with no assistance, the DSP can help by:

- (1) knowing what adverse reactions and other side effects may occur;
- (2) looking for and documenting intended, beneficial effects; and
- (3) observing, documenting, and responding to any other changes brought on by the medication.

Say

Let's turn to *assisting with medication*. We will do a couple of activities.

Your Presentation Notes

**To get benefits and
reduce risk . . .**

- **Know about adverse reactions and side effects**
- **Look for and document beneficial effects**
- **Observe and document unintended effects, and responding appropriately**

Session #4, Overhead 8

Do

Show overhead #9

Say

First, however, it's important to know about the common symbols and abbreviations used in medicine.

In your *Resource Guide* (refer to the page number) you will find this list of terms.

Do

Review the list of abbreviations and symbols.

Say

Any questions about abbreviations, and units of weight or volume of fluid?

REMEMBER: All questions are valuable.

If you have a question, others in the class almost surely have the same question on their minds.

Do

Show overhead #10, #11, and #12

Do

Review the list of information on the three overheads on Medication Labels. These are the things the DSP should find (10, 11) as well as a sample label and samples of warning labels they might encounter (12).

Your Presentation Notes

Abbreviations and Symbols

q. (Q) = Every	GM, gm. = grams (1,000 mg.)
Oz. = Ounce	h.s. (HS) = Hour of sleep (bedtime)
d. = Day	Cap = Capsule
tsp. = Teaspoon (or 5 mL.)	p.r.n. = when necessary, or as needed
h. = Hour	Tab = Tablet
Tbsp. = Tablespoon (3 tsp., or 15 mL.)	A.M. = Morning
b.i.d. = Twice a day	OTC = Over-the-counter
gr. = grains	P.M. = Afternoon/evening
t.i.d. = Three times a day	Rx = Prescription
mg. = milligrams	Qty = Quantity
q.i.d. = Four times a day	

Session #4, Overhead 9

Medication Labels

- Patient's Name;
- Prescriber's Name;
- Date prescribed (or filled);
- Name of the medication;
- Strength; (continued)



Session #4, Overhead 10

Medication Labels

- Directions for how to use the medication;
- Quantity in the prescription;
- Expiration date; and
- Other information (e.g., Prescription #; pharmacy; refills; etc.)

Session #4, Overhead 11

Abbreviations and Symbols Related to Medications Usage

A variety of abbreviations and symbols used by health care professionals that you may see and need to know are listed below:

q. (Q)	=	Every
Oz.	=	Ounce
d.	=	Day
tsp.	=	Teaspoon (or 5 ml.)
h.	=	Hour
Tbsp.	=	Tablespoon (3 tsp., or 15 ml.)
b.i.d.	=	Twice a day
gr.	=	grains
t.i.d.	=	Three times a day
mg.	=	milligrams
q.i.d.	=	Four times a day
GM, gm.	=	grams (1,000 mg.)
h.s. (HS)	=	Hour of sleep (bedtime)
Cap	=	Capsule
p.r.n.	=	when necessary, or as needed
Tab	=	Tablet
A.M.	=	Morning
OTC	=	Over-the-counter
P.M.	=	Afternoon/evening
Rx	=	Prescription
Qty	=	Quantity

Say

Let's do a **Prescription Label Activity**. This activity is in your *Resource Guide* (refer to the page number). Work as a group at your table. Look at the labels, and make a list of things that are wrong or inadequate on each. Take about 5 minutes.

After five minutes, review each label asking the group what they thought was missing, wrong, or inadequate. Pay attention to missing dates (discard, date prescribed), strength and "as needed."

Do

Show overhead #13 and #14

Say

With regard to medication, we consider these to be the *critical skills* needed by DSPs:

- Assure that all medications are correctly self-administered.
- Watch carefully for adverse reactions and other side effects;
- Document changes in the illness or behavior, and in symptoms, adverse reactions, other side effects and apparent interactions in the individual's record.
- Bring this information to the attention of appropriate persons (for example, administrator of the home, nurse, the individual's physician, other DSP staff) in a timely manner and be sure it is acted upon.

Your Presentation Notes

Medication Labels

ABC Memorial Pharmacy
RX 577524 Dr. McDaniel
7/28/97
Amoxicillin 500 mg #30 capsules
Take 1 capsule 3 times daily for 10 days.
Expires: 8/3/97 Discard after: 8/3/01
No refills



Session #4, Overhead 12

Critical Skills of the DSP?

- Assure all medications are correctly self-administered
- Watch for adverse reactions and other side effects
- Document changes
- Bring information to appropriate persons

Session #4, Overhead 13

Critical Skills of the DSP? (cont'd)

- Ask questions of the physician and pharmacist, when you have them
 - what is the name of the medication?
 - when to take it?
 - what food or drinks should be avoided?
 - are there any side effects?
- Read up on medications which are used

Session #4, Overhead 14

Activity: Prescription Label Exercise

What problems can you identify in the following prescription labels numbered 1-4?
(NOTE: These labels do not include name, address, and phone number of pharmacy, number of refills remaining, and name of manufacturer.)

No.	Today is . . .	Label (partial)	Problem(s)
Ex.	00/00/00	Rx number Prescriber's name Patient's name Date prescribed/filled Name of medication and strength Directions for how to use the medication Quantity (e.g., number of pills) in prescription Expiration date	None- Example has necessary information
1.	2/24/99	Rx# 325-486 Dr. Jones John Raymond 10/30/97 FOLIC ACID* Take one tablet orally daily. Qty: 100 tabs Discard after*	<ul style="list-style-type: none"> • No strength • When to take the one dose • No expiration date
2.	2/24/99	Rx# 765-432 Dr. Molina Susan Jones 12/15/98 Chlorpromazine 25 mg tablets For: THORAZINE Take 1 tablet as needed.* Qty: 20 tabs Discard after 12/15/01	<ul style="list-style-type: none"> • "May repeat ____" • Needed for what? • Does not indicate if it can be repeated and how soon • No maximum dose over 24 hour period
3.	2/24/99	Rx# 123-456 Dr. Watson Sydney Smith 6/30/97 Meclizine 25 mg tablets For: ANTIVERT Take 1 tablet every four hours as needed for dizziness* Qty: 30 tabs Discard after 9/30/98*	<ul style="list-style-type: none"> • No maximum dose over 24 hour period • "May repeat ____" • Expired medication
4.	2/24/99	Rx# 001-002 Dr. Smith Jose Arriba VICODIN* Take 2 tablets as needed for pain or headache Qty: 100 TABS Discard after _____*	<ul style="list-style-type: none"> • No maximum dose over 24 hour period • "May repeat ____" • No expiration date • No strength • No fill date

- When accompanying a person on a physician visit, or getting a prescription filled, ask the physician and the pharmacist questions to get necessary information about the medication: **what is the name of the medication?; when to take it?; what food or drinks should be avoided?; and, are there any side effects?**
- Read up on any medications being considered or prescribed.

In your *Resource Guide*, we list a number of books and a couple of web sites where you can get more information about medications. Ask the physician, pharmacist, or nurse to recommend one.

Preparation and Administration

Do

Show overhead #15

Say

The Five Rights are basic to assisting with medications. The DSP needs to be sure he/she has the:

- ☐ Right Person
- ☐ Right Medication
- ☐ Right Dose
- ☐ Right Time
- ☐ Right Route

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route



Session #4, Overhead 15

This procedure is a “must” each time the DSP assists with any medication - even when assisting with a medication which a person has been taking for a long time. There is always a possibility that some change has been ordered that you are unaware of, or that you accidentally removed the wrong container.

Right Person

In order to make sure that you have the right person, you have to know the person. If you are not certain that you are assisting the right person, seek assistance from another staff member who knows the identity of the person.

Right Medication

In order to make sure you have the right medication for the right person:

- Check for the name of the person on the pharmacy label.
- Double check the label to make sure that you have the right medication for the right person before actually giving the medication to the individual.

Right Dose

Be sure you assist with the right dose by checking the pharmacy label to make sure of the dose.

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route



Session #4, Overhead 15

Right Time

When a physician prescribes a medication, he/she will specify how often the medication is to be taken. Some medications must be self-administered only at very specific times of the day, for instance, before meals, one hour after meals, at bedtime, etc. It is very important that medications be self-administered as prescribed.

Right Route

The pharmacy label should state the route by which the drug should be self-administered (if other than oral). Follow the route directions carefully.

If you have any doubt as to whether the medication is in the correct form as ordered, or can be self-administered as specified, consult with the prescribing physician or your pharmacist.

In the case of pills (tablets, capsules, caplets, etc.), the right route is “oral”, that is, the medication enters the body through the mouth. Dermal patches and ointments are applied to the skin. Some sprays are taken in through the nose, others through the mouth. Eye drops enter the eyes.

In a licensed Community Care Facilities, when a more intrusive route is involved, for example, an injection or suppository,

Your Presentation Notes

The Five Rights

Right Person

Right Medication

Right Dose

Right Time

Right Route



Session #4, Overhead 15

because of the risks involved, the medication can only be administered by a licensed health professional.

Do

Show overhead #16

Say

When preparing to assist with medication, there are several things the DSP should do to minimize medication errors:

- ✓ Get the Medication Log for the individual you are assisting.
- ✓ Put out all the necessary items, for example, water and a glass or any other necessary items.
- ✓ Always prepare medication in a clean and well lighted area.
- ✓ Allow plenty of time (to avoid rushing) and stay focused.
- ✓ Prepare and assist in a quiet place, to minimize distractions.
- ✓ Make sure labels are readable and correct.
- ✓ Always wash your hands before assisting with medications.

Only one DSP should be assisting an individual with medications at any given time and that DSP should be allowed to focus only on the medications.

Your Presentation Notes

Preparation

- ✓ **Medication Log**
- ✓ **All necessary items**
- ✓ **Clean, well lighted area**
- ✓ **Allow plenty of time**
- ✓ **Assist in a quiet place**
- ✓ **Make sure labels are readable and correct**
- ✓ **Wash hands before assisting**

Session #4, Overhead 16

Do

Show overhead #17 and #18

Say

Here are some additional reminders to help you minimize errors when assisting with medication:

- Check and compare at least three times the pharmacy label with the Medication Log.
- Check for RIGHT Person, RIGHT Medication, RIGHT Dose, RIGHT Time, and RIGHT Route each time.
- Stay with person until you are sure she/he has taken the medication.
- Immediately initial the Medication Log.
- Ask for help from the prescribing physician or pharmacist if you are unsure about any step in the preparation of, assistance with, or documentation of medications.

Preparation

Enough bubble-packs and containers, properly labeled (J. Doe, 1 bean per day), with jelly beans (make sure that 4 of the sets are yellow and the rest are red) or other candies for practicing. You will need to work with your local pharmacist to obtain these materials. Check with DSPs to find out the best pharmacist in your area.

Your Presentation Notes

Administration Assistance

- ✓ Compare at least three times the pharmacy label with the Medication Log
- ✓ Check
 - ✓ RIGHT Person
 - ✓ RIGHT Medication
 - ✓ RIGHT Dose
 - ✓ RIGHT Time
 - ✓ RIGHT Route

Session #4, Overhead 17

Administration Assistance

- ✓ Stay with person
- ✓ Immediately initial the Medication Log
- ✓ Ask for help from the prescribing physician or pharmacist if you are unsure

Session #4, Overhead 18

Do

Hand out the bubble packs and containers.

Say

Let's practice the *Five Rights*. This involves role-playing and practice in pairs.

Use the procedures for preparation and assisting with medications found in your *Resource Guide* (refer to the page number).

Use the Medication Log with the jelly bean written into it (refer to the page number in the Resource Guide) to record.

Follow the procedures for both the bubble pack and the container.

Do

Move from table to table and make sure that each participant follows the procedures.

Ask

Any problems?

Discuss

Make sure that there is a discussion about the fact that four pairs or participants received yellow jelly beans and that the medication should not have been taken. If they were taken, this is a medication error. Mention that we will talk more about medication errors in a few minutes.

Your Presentation Notes

Do

After watching the practice, point out problems. Ask for questions.

Say, and Discuss

What are some other “Do’s” and “Don’ts” in assisting with medications?

Do

Write what people say on easel or flip-chart paper. Try to be make sure many of the following points are made:

- One person should be assigned to assist individuals with medications at a given time.
- Only initial the Medication Log for dosages of medication for which you personally have provided assistance.
- Never write on a drug label. Do not alter a drug label in any way.
- If, in opening a new container, and the new medication is different from the old (in shape, size, color, etc.), don't give it until you have determined the reason for the difference. Call the physician or pharmacist to verify the change. It could be a drug dispensing error!
- Watch carefully for and document all adverse reactions and other side effects, especially with new medications or change in dose.
- If a person misses a dose, don't double up the next time. Check with the individual's physician, and get directions on what to do.

Your Presentation Notes

- It is advised to set up medications immediately before assisting individuals with them.
- Never hand a medication to one person to pass on to another.

Do

Show overhead #19

Say

Let's talk a moment about two important Community Care Licensing regulations regarding medications. How would you answer these questions?

1. Can a single dose be packaged to take when away from home? If so, how?

Yes, it is permissible for a single dose, so long as the envelope or other container carries the following information:

- the facility's name and address;
- the resident's name;
- name of the medication(s); and
- instructions for assisting with self-administration.

The facility's phone number should also be listed, to aid in communication.

Your Presentation Notes

Two Important CCL Regulations

- Can a single dose be packaged to take when away from home? If so, how?
- "As needed" medications – what do you need to do?

Session #4, Overhead 19

2. What is required before “as needed” medications can be used?

Before an “as needed” medication can be used, one needs a physician’s order which indicates dose, how long before a second (or third, fourth) dose is given, maximum dose over twenty-four hour period, what the medication is for, when to stop, and when to contact physician for reevaluation and it must be in the individual’s record.

A record must be kept of each dose of "as needed" medications taken, and if the person cannot determine need and cannot communicate symptoms clearly, DSPs (except in small family homes for children) need to contact the physician for instructions before each dose.

If, in the written judgment of the physician, an individual has the ability to relate symptoms (“I have a headache”) and communicate that he or she wants to take medication (“I want two aspirin”), DSPs in a Community Care Facility may assist a person with the medication. Otherwise, DSPs need to contact the physician before each dose.

Regarding “as needed” medicine – including most over-the-counter drugs, what information from the physician do you need to have? Aside from small family homes for children, what if the adult cannot determine need and cannot communicate symptoms clearly?

Your Presentation Notes

Do

Show overhead #20

Say

May adults refuse to take a medication? If so, what do you need to do?

Adults have a right to refuse medication.

99% of the time the DSP can figure out a way to encourage the person to take their prescribed medication, without being coercive.

It is not Okay to disguise medicine in food or liquid – that is, to sneak it into the person's body.

Besides charting the refusal, it's important to alert the prescriber right away. The prescriber may be able to figure out a way to accommodate an individual's medication preference or special health consideration.

The dose should be set aside and destroyed in an acceptable way.

Do

Show overhead #21

Say

There are a number of reasons that someone might be refusing, for example:

- Unpleasant taste.
- Unpleasant side effect (for example, vomiting, dizziness).

Your Presentation Notes

Two Important Questions

- May adults refuse to take a medication?
- If so, what do you need to do?

Session #4, Overhead 20

Refusals May Be About . . .

- Unpleasant taste
- Unpleasant side effect
- Lack of understanding about the need for the medication
- Denial of need for medication

Session #4, Overhead 21

- Lack of understanding about the need for the medication.
- Denial of need for medication.

It's important to try to find out why. You find some ideas for solutions for these problems in your *Resource Guide* (refer to the page number).

Do

Show overhead #22

Say

Many **bad things** that happen are the result of medication errors. The DSP's job is to do the very best in assisting individuals to get the benefits of medications, while minimizing adverse effects. A medication error has occurred when:

- The wrong person took the wrong medication.
- The wrong dosage was taken.
- A medication was taken at the wrong time.
- A medication was taken by the wrong route.
- A medication was not taken at all.

Every medication error is potentially serious and could be life-threatening. If an error does occur, it must be reported immediately

Your Presentation Notes

What About Errors?

- **Errors happen when:**
 - **Wrong person**
 - **Wrong dosage**
 - **Wrong time**
 - **Wrong route**
 - **Not taken at all**
- **Reported immediately to the prescribing physician**

Session #4, Overhead 22

to the prescribing physician, and necessary action taken. The error must be recorded and the policies of your care home followed.

BREAK for 15 minutes

Adverse Reactions and Side Effects

Do

Show overhead #23 and #24

Say

There are both *intended* and *unintended* effects of drugs. Some people call unintended effects “side effects” or “adverse reactions.” Some people reserve the words “adverse reactions” to especially serious effects (e.g., life-threatening, long-lasting, especially troubling), and use “side effects” to refer to less serious, often temporary effects (e.g., dry mouth).

It's important to know what medications are being used by people in the home where you work and learn about them. Know what possible side effects may occur, and be sure to ask the physician what kind of reactions should be brought immediately to his/her attention. Write these down, and be sure everyone knows what to do, and does what they are supposed to do.

Your Presentation Notes

Symptoms of Adverse Reactions

- Know what medications are being used
- Know possible side effects
- Ask physician what reactions should be reported immediately
- Watch for expected and unexpected effects



Session #4, Overhead 23

Symptoms of Adverse Reactions

- Document
- Report
- Follow physician's directions to continue, change, or discontinue



Session #4, Overhead 24

Watch for expected and unexpected effects of the medication, document them, report to the prescribing physician, and follow the physician's directions to continue, change, or discontinue the medication. Any change of this kind needs to be documented in individual records and all DSPs working in the home need to be alerted. It is particularly important to watch for side effects when a new drug is being taken, or a dose increased.

Say

Let's do the activity, called **Asking the Physician and Pharmacist, a Safety Check**, which is in the *Resource Guide* (refer to page number). This is a role-playing exercise. Pair up, and read the written material first. Take turns, one person play either the physician or pharmacist. The other role is the DSP.

The DSP asks (or prompts the resident to ask) the questions and writes down what the pharmacist or physician says. The sample information about DILANTIN does not answer all questions, so for purposes of this exercise, you may make up the rest. The value of the exercise is the experience of asking the questions, writing down what the person said, and checking for understanding.

Your Presentation Notes

Example of a Written Insert to Accompany a Drug Dispensed by the Pharmacist

Medication: Dilantin (Phenytoin - Oral)

USES: This medication is used to treat seizures and epilepsy.

HOW TO TAKE THIS MEDICATION: Take with food or milk if stomach upset occurs. Capsules should be swallowed whole unless otherwise directed. The tablets must be chewed thoroughly before swallowing. The suspension must be shaken well before measuring each dose. This medication must be taken as prescribed. Do not stop taking this drug suddenly without consulting your doctor as seizures may occur. It is important to take all doses on time to keep the level of medication in your blood constant. Do this by taking doses at the same time(s) each day. Do not skip doses. While taking this medication, lab tests may be done, especially in the first few months, to check if the drug is working properly.

SIDE EFFECTS: May cause drowsiness, dizziness, or blurred vision. Use caution performing tasks that require alertness. Other side effects include stomach upset, headache, muscle twitching or sleep disturbances. These should subside as your body adjusts to the medication. Notify your doctor if seizures occur or if you develop severe nausea and vomiting, joint pain, swollen or tender gums, sore throat, uncoordinated movements, unusual bleeding or bruising, uncontrolled side-to-side eye movements or skin rash while taking this medication. May cause enlargement of the gums. This can be minimized by maintaining good oral hygiene with regular brushing, flossing and massaging of the gums.

PRECAUTIONS: This drug should be used during pregnancy only if clearly needed. Discuss the risks and benefits with your doctor. Small amounts of phenytoin appear in breast milk. Consult with your doctor before breast-feeding. Use of alcohol and other sedative type medications can lead to extreme drowsiness. Try to limit their usage. This medication may decrease the effectiveness of oral contraceptives. Consult your pharmacist or doctor about other methods of birth control. Be sure your doctor knows your complete medical history.

DRUG INTERACTIONS: Inform your doctor about all the medicine you use (both prescription and non-prescription) especially if you take "blood thinners" (Coumadin), cimetidine (Tagamet) for stomach problems, disulfiram (Antabuse) for alcoholism, oral antifungal medication or xanthine drugs (theophylline) to treat asthma as your dose may need to be adjusted. Limit your caffeine usage.

NOTES: It is recommended to wear or carry medication identification indicating you are taking this drug. Do not change from one brand of this product to another without consulting your doctor or pharmacist. Products made by different companies may not be equally effective.

MISSED DOSE: If you miss a dose and take 1 dose daily: take as soon as remembered unless you do not remember until the next day. In that case, skip the missed dose and resume your usual dosing schedule the following day. If you take several doses daily and should miss a dose: take as soon as remembered unless it is within 4 hours of the next dose. In that case, skip the missed dose and resume your usual schedule. Check with your doctor if you miss doses for more than 2 days in a row. Do not double the dose to catch up.

STORAGE: Store at room temperature away from moisture and sunlight. Do not store in the bathroom.

Activity:
Asking the Physician and Pharmacist, a Safety Check

Name	Dose (e.g., ____ mg) and form (e.g., tabs)	When to take each dose?	For how long?
Brand: _____ Generic: _____			

1. What is the medication supposed to do?
2. How long before we will know it is working or not working?
3. What about serum (blood) levels? Other laboratory work? How often? Where?
Standing order?
4. If I miss a dose, what should I do?

INTERACTIONS?

5. Should I take this medication with food?
At least one hour before or two hours after a meal?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there any foods, supplements (e.g., herbs, vitamins, minerals), drinks (e.g., alcoholic), or activities that I should avoid while taking this medication?
☐ Yes (Which ones?) _____
☐ No
7. Are there any other prescription or over-the-counter medications that I should avoid?
☐ Yes (Which ones?) _____
☐ No

SIDE EFFECTS? IF SO, RESPONSE?

8. What are common side effects?
9. If I have any side effects, what should I do? How do I know whether to go to the emergency, call you right away, or just make an appointment to see you?
10. If it is being prescribed for a long period of time, are there any *long-term effects*?

After 10 minutes or so, ask how the activity went.

Ask

What was difficult about it? Why expert information can be important, etc. And, stress the importance of ASKING, ASKING, and then ASKING some more.

Correct Handling,
Ordering, Storing,
Recording, and Destroying

Say, and Discuss

Let's talk about ordering, storing and destroying medications.

Ordering

Some pharmacists provide extra services, and will package medications in ways that can be helpful. Bubble-packs are popular, but be sure you understand how each person's packet is to be used. It is a good idea to order refills about 7 days in advance of running out.

Storing

Medications must be stored appropriately. If an individual takes medication on his/her own with no assistance, the medication must be locked (for example, in a bedside, locked drawer to elsewhere), to keep it away from others. When medications are "centrally stored," they must be stored in locked

Your Presentation Notes

cabinets or drawers. If a centrally-stored medication requires refrigeration, it must be in a locked container inside the refrigerator. If stored in the refrigerator, it's recommended that you use a thermometer and keep the refrigerator in the 36-40 degree range. Also, most medications will degrade if they are exposed to sunlight, high temperatures, or high humidity.

Recording

We have already talked about Medication Logs. In addition, all drugs entering the home must be listed when they enter the home, and if a medication is discontinued, or if an "as needed" medication outlives its usefulness, or if a person leaves the home and does not take his/her medicine to the new residence, the medicine needs to be destroyed in the presence of another adult who is not a client, with appropriate entries made on LIC Form 622. Check with your local community care licensing agency to find out if a waiver is needed for medication destruction to comply with local environmental regulations.

Do

Show overhead #25

Say

Here is a **Medication Forms Exercise**. It's in your *Resource Guide* (refer to page number). Let's practice using these forms, with a

Your Presentation Notes

Medications Forms Exercise – Two Tasks

- **Write information from prescriptions on the Medication Admin. Sheet**
- **Make appropriate entries on this Sheet and on excerpted LIC 622, "Centrally-Stored Medication and Destruction Record"**

Activity: Medication Forms Exercise

Susan Anthony, age 8, lives at the *Molina Family Home*.

She has two prescriptions as follows:

Rx: 012345	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Sprinkle 4 caps over food & eat 2 times daily to prevent seizures.	
DEPAKOTE 125 MG Sprinkle CAP	
#300	Expires: 06/01 Refills: 1

Rx: 012346	Date
Dr. Mary Rodriguez	
SUSAN ANTHONY	
Take 2 tablets orally, 3 times a day.	
(May be crushed and taken with food.)	
LAMICTAL 25 MG TABLET	
#200	Expires: 01/02 Refills: 2

- On the blank **Medication Log Sheet** which follows, complete the first two columns for each prescription. In the first column, write in name of drug, strength, form (e.g. cap or tab), and dose at the time indicated in the second column. Assume breakfast is typically at 7am, Susan comes home from school and has a snack around 3pm, and Susan goes to bed about 9pm. In the first column, write in the name of the **medication** (e.g., LAMICTIL), **strength** and **form** (e.g., 25mg TABS), and **dose** (2 TABS), along with any "Do's" or "Don'ts," such as "Take with food."
- On the page after the **Medication Log Sheet** is an excerpted LIC 622, *Centrally Stored Medication and Destruction Record*. Make entries on the Medication Administration Sheet and/or on LIC 622, based on the following information:
 - On the 5th, Mrs. Molina called in for a refill of the LAMICTAL, at Lucky's Pharmacy, picking it up on the 8th, and starts using it on the 12th.
 - On the 17th, after Mrs. Molina reports some hand tremors, Dr. Rodriguez says, over the phone, to give Susan 2 Tabs of LAMICTAL, 2 times a day, rather than 3, at breakfast and dinner time.
 - On the 28th, after seeing Susan and Mrs. Molina at her office, Dr. Rodriguez orders discontinuation of the LAMICTAL entirely.

Medication Log

Molina Family Home, 123 Main Street, Any City, CA 90000 (Ph. 123-4567)

Name: Susan Anthony

Insurance: ☐ Medi-Cal • ☐ Medicare • Insurance No. _____[illegible]

Primary care physician: _____

Pharmacy: _____

Legend: Initials means given. Meds given at ... D=day program • H=Relative or friend's home • E=Elsewhere

Signatures & initials: _____ for _____

Notes & comments: (Suggest color-coding times of day with light highlighter.)

Allergies

Penicillin

* On 17th, Dr. Rodriguez ordered (via phone) change to 2 tabs, twice a day.

***On 28th, Dr. Rodriguez order (at office visit) discontinuation of Lamictal entirely.

CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD

1. CENTRALLY STORED MEDICATION

INSTRUCTIONS: Centrally stored medications shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals. Medication records on each client/resident shall be maintained for at least one year

[illegible]

II. MEDICATION DESTRUCTION RECORD

INSTRUCTIONS: Prescription drugs not taken with the client/resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Administrator or Designated Representative and witnessed by one other adult who is not a client/resident. All facilities except Residential Care Facilities for the Elderly (RCFEs) shall retain destruction records for at least one year. RCFEs shall retain records for at least three years.

[illegible]

hypothetical situation. You may help each other, but every person should do the exercise for themselves. First, fill in the information on the Medication Administration Log. Then, record on that Sheet and/or on the back (an excerpted LIC 622 form) the information about changes during the month.

Do

Give participants about 15 minutes to complete this activity. Walk around to make sure that everyone understand the activity and to answer questions.

Ask

How did you do?

What was most difficult?

Make sure that everyone has a chance to discuss the activity.

Ask

If you have occasion to destroy medication, how should that be done?

By regulation, two adults (exclusive of clients) are to witness and attest to the destruction. Should the material be flushed down the toilet? Not necessarily. You should call your Community Care Licensing official to see if there are any prohibitions against this – typically for environmental reasons.

Your Presentation Notes

Common Medications and Their Uses

Do

Show overhead #26

Say

There are thousands of prescription and non-prescription medications. One way in which they are classified is by principle approved use or which body system or tissue or organ is affected. Each of these has a specific name. For example, there are drugs which affect:

- Heart and cardiovascular system and they are called antihypertensives or antirhythmic
- Lungs or Respiratory system and they are called decongestants, antihistamines or expectorants
- Stomach and Gastrointestinal system and they are called antacids, laxatives, etc.
- Eyes and Ears and they might be ophthalmic anti-inflammatories or nasal drugs
- Skin and they might be anti-infectives or topical corticosteroids

Your Presentation Notes

Classes of Medications – What's Affected?

For example:

- Heart
- Lungs
- Stomach
- Eyes and nose
- Skin

Session #4, Overhead 26

Do

Show overhead #27

Say

There are a number of psychotropic medicines prescribed for mental health challenges. Psychotropics are intended to affect thinking or feeling, and are taken by people with developmental disabilities. Some of these medications (for example, Thorazine, Haldol), alone or alongside other treatments (for example, talk therapy), are used to treat psychiatric disorders, which can involve serious impairments in mental or emotional function that affects an individual's ability to perform normal activities and to relate effectively to others.

Do

Show overhead #28

Say

There are also medicines prescribed for seizures. The most common anti-seizure medications (for example, Dilantin, Tegretol) can help people control completely or decrease different types of seizure activity

Say

In your *Resource Guide* (refer to page number), we provide some information about so-called *psychotropics* and *anti-seizure*

Your Presentation Notes

Psychotropics

Used to treat psychiatric disorders which affect a person's day-to-day life.

Session #4, Overhead 27

Anti-seizure Medications

Help people control completely or decrease different types of seizure activity

Session #4, Overhead 28

medication. And, in an earlier module, we talked about bacterial infections and the use of *antibiotics*. One point is worth some attention, and that is the role of dietary supplements (e.g., a one-a-day multiple vitamin) in cases where certain drugs interfere with the absorption or use of vitamins and minerals. Only in recent years have medical students spent much time on nutrition, and they may simply overlook interactions like this one. So, be sure you ask the physician, the pharmacist, and consider talking with a dietitian as well, if you have any concerns about proper nutrition in relation to drug therapy. Do you have any questions or concerns about any of that material?

Do

Show overheads #29 and #30

Say

Let's end this session by looking, once again, at the *critical skills* of DSPs regarding medication:

- Assure that all medications are correctly self-administered.
- Watch carefully for adverse reactions and other side effects;
- Document changes in the illness or behavior, and in symptoms, adverse reactions, other side effects and

Your Presentation Notes

Critical Skills of the DSP?

- **Assure all medications are correctly self-administered**
- **Watch for adverse reactions and other side effects**
- **Document changes**

Session #4, Overhead 29

Critical Skills of the DSP? (cont'd)

- **Bring information to appropriate persons**
- **Ask questions of the physician and pharmacist, when you have them**
- **Read up on medications which are used**

Session #4, Overhead 30

apparent interactions in the individual's record.

- Bring this information to the attention of appropriate persons (for example, administrator of the home, nurse, the individual's physician, other DSPs) in a timely manner and be sure it is acted upon.
- When accompanying a person on a physician visit, or getting a prescription filled, ask the physician and the pharmacist questions to get necessary information about the medication.
- Read up on any medications being considered or prescribed.

Your Presentation Notes

Homework Assignment

Say

Our next Wellness session deals with responses to the health needs of the individual. We will be talking about health histories, allergies, arranging for routine medical and dental examinations, age and gender-appropriate screenings, personal hygiene, advocating effectively for health care services, documentation of health care visits and telephone calls, and using community health (and safety) resources. Your Homework Assignment is to interview

Homework Assignment for Session #5: Community Resources - Health & Safety

Directions: DSPs are to pair up, choose a person or organization, and learn (by telephone, personal interview, or just stopping by the place) what that individual or organization can provide in terms of information or other services that might meet a health or safety need of people living in the home where you work. Call around and see if you can find an appropriate resource. Individuals and organizations can be identified in the Yellow Pages under such headings as:

Safety Equipment

Health Care Services

First Aid and Safety Instruction

Health Clubs

Safety Consultants

Weight Control Services

Waste Disposal—Hazardous

Fire Alarm Systems

Waste Disposal—Medical and Infectious

Fire Extinguishers

First Aid Supplies

Clinics

Hospitals, nursing homes

YMCA, YWCA

Fire Department

Red Cross

Social Service Organizations, such as American Heart Association, American Diabetes Association, American Cancer Society, etc.

College, University, or Regional Occupational Centers and Programs

Any other person/organization that contributes to health or safety.

A health or safety topic addressed by a phone service. (NOTE: In the Los Angeles area, this can be found in the telephone book. Kaiser Permanente also has such a service.)

On the next page, you will find a set of basic questions to ask. Please jot down a summary of what the person you spoke with had to say.

Homework Assignment for Session #5: Learning About Local Health and Safety Resources

Name of Organization or Person Contacted: _____

Type of Business/Organization: _____

Note: First, say who you are and why you are calling. For example, My name is . . . and I have a class assignment to learn more about health and safety resources in my community. I'd like to ask you a few questions.

1. What services do you provide?
2. Who are your customers? Who uses your services and why?
3. Are your services accessible to people with disabilities?
4. How does your business/organization contribute to good health and reasonable safety for people living in our community?

Note: Close by thanking the person you spoke with.

someone who provides health and safety related goods or services for people within your community.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time.

Your Presentation Notes

If You Want to Read More About Medications

The American Pharmaceutical Association's Guide to Prescription Drugs

by Donald Sullivan, Ph.D., R.Ph. (1998); A Signet Book; ISBN: 0451199438

Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.

Wellness Digest, Vol. 1, No. 2

by California Department of Developmental Services (n.d.); The Department

This issue is devoted to Medication Administration. Ed Anamizu, PharmD., served as consulting editor, and was assisted by Mary Jann, R.N. Both worked at Stockton Developmental Center before it closed.

Self-Assessment Guide: MEDICATIONS

by the Technical Support Program, Community Care Licensing Division, California Department of Social Services

This short document provides a quick review of relevant Title 22 regulations, along with best practice ideas.

Dangerous Drug Interactions: The People's Pharmacy Guide

by Joe Graedon & Teresa Graedon (1999); St. Martin's Press revised edition; ISBN: 0312968264

This book summarizes much of what is known about drug interaction, not only with other medications (both prescription and OTC), but with foods, vitamins and minerals, herbs, and alcohol. One chapter on drug interactions of particular interest to women, children, and the elderly. Excellent index. Dean Edell, M.D., Medical Journalist in San Francisco, says: "At last, someone has tackled this most complex and critical area. Only the Graedons could make this clear and understandable. A 'must have' for anyone interested in their health."

FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks
by U.S. Food and Drug Administration (n.d.); reprint Publication No. FDA 96-3221.

Write FDA, 5600 Fishers Lane, Rockville, MD 20856, Attn: HFE-88 (for single copy, which is free). This reprint includes a patient check-off chart for help in taking medications at the right time. Special sections advise patients on medications while in the hospital, protection against tampering, medication counseling, and tips for giving medicine to children.

Food and Drug Administration
<http://www.fda.gov>

This site has information about FDA activities and a variety of other information, such as drug testing, newly approved drugs, drug warnings, etc. It also has the FDA Consumer, the agency's official consumer magazine. Some specific pages to check out at this site are: "Making it Easier to Read Prescriptions," "FDA Proposes Program to Give Patients Better Medication Information," and "Tips for taking Medication."

Health and Wellness Reference Guide

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with DSP in various settings.

References for this Session

Douglas Fisher, Ph.D., Director of Professional Development and Assistant Professor of Teacher Education, San Diego State University, for sharing curriculum materials for a residential service provider course he teaches.

Kaiser Permanente's Healthwise Handbook

by Donald W. Kemper, the Healthwise Staff, and Kaiser Permanente Physicians and Staff of Northern California (1998); Healthwise, Incorporated; ISBN: 1877930458

This handbook, distributed to members, contains a wealth of information related to self-care and when to get professional help. Part I covers Self-Care Basics, which includes using the Kaiser Permanente System, being a wise medical consumer, and prevention and early detection. Part II covers an array of health problems, including those of special interest to men, women, and children. Part III is about Staying Healthy, and covers mouth and dental problems, fitness and relaxation, nutrition, and mental wellness. Part IV, on Self-Care Resources, concludes the book.

Providing Residential Services in Community Settings

by the Michigan Department of Community Health

A training guide for residential service providers which includes a section on writing up medication errors.

Self-Assessment Guide: MEDICATIONS

by the Technical Support Program, Community Care Licensing Division, California Department of Social Services

This short document provides a quick review of relevant Title 22 regulations, along with best practice ideas.

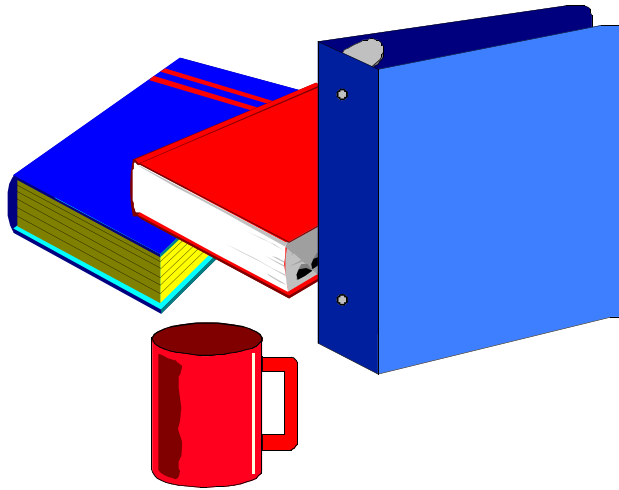
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**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #5

Wellness: Responding to Individual Needs

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 5
Topic: Wellness: Responding to Individual Needs

Core

Objectives: Upon completion of the three Wellness modules, the DSP should be able to:

- W-1 Demonstrate correct use of Standard Precautions.
- W-2 Demonstrate basic knowledge of medications.
- W-3 Demonstrate healthful meal planning and food preparation, storage and handling procedures.
- W-4 Utilize strategies to ensure safety, and to prevent injuries and accidents.
- W-5 Respond in a timely manner to medical emergencies.
- W-6 Respond to environmental emergencies.
- W-7 Demonstrate knowledge and understanding of an individual's medical, mental and dental health care needs.
- W-8 Recognize and respond to signs and symptoms of illness or injury.
- W-9 Maintain documentation of individual health status and medical needs.
- W-10 Access community health care resources.

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice for a particular person should be obtained from a licensed physician. We urge you to talk not only with physicians but also with other health care providers, including pharmacists, nurses, dietitians, and therapists of various kinds. These specialists, along with advocates and emergency service personnel, can broaden your understanding of the fundamentals covered in this module.

Teacher's Resource Guide - Session #5: Wellness - Responding to Individual Needs

Time:	<i>Review of Homework Assignment #4</i>	20 minutes
	<i>Key Words</i>	3 minutes
	<i>Review Questions</i>	5 minutes
	<i>Health Assessment and Planning</i>	30 minutes
	<i>Meeting Health Care Needs</i>	25 minutes
	 <i>Break</i>	 15 minutes
	 <i>Working with Health Care Professionals</i>	 20 minutes
	<i>Signs, Symptoms, and Responses</i>	35 minutes
	<i>Medical Emergencies</i>	20 minutes
	<i>Homework Assignment</i>	7 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation.
 - *Resource Guide* for all class participants;
 - Television set with video player; video on seizures (obtain from your local ROCP);
 - Easel and paper, or white board, and markers; and
 - Handouts for activities, and pencils for writing.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Do

Show overhead #1

Say

Welcome to Session #5, the third and final session on Wellness.

Do

Show overhead #2

Say

This session is titled Responding to the Health Needs of the Individual.

This is the third in a series of three modules on "health, wellness, and safety." We will spend the entire session on:

- health assessments, age-gender screenings, and planning;

Your Presentation Notes

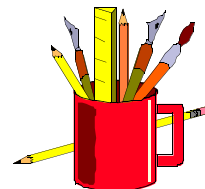
Three Sessions of Wellness

- Nutrition, Exercise, and Safety
- Medications
- Responding to Individual Needs



Session #5, Overhead 1

Session 5: Wellness



Responding to the Needs of the Individual

Session #5, Overhead 2

- meeting the personal hygiene and related needs of individuals;
- community resources and working effectively with health care professionals;
- signs and symptoms of illness or injury; and
- responding to medical emergencies, and first aid.

Do

Show overhead #3

Say

Once again, a word of caution about these three sessions on health:

- The information in this session is not intended to be medical advice.
- Medical advice should be obtained from a licensed physician.
- We urge you to talk to health care professionals about the fundamentals covered in this session.

Let's begin by reviewing the homework assignment.

Your Presentation Notes

A Note of Caution

- **The information in this session is not intended to be medical advice.**
- **Medical advice should be obtained from a licensed physician.**
- **We urge you to talk to health care professionals about the fundamentals covered in this session.**

Session #5, Overhead 3

Review of Homework Assignment

Do

Show overhead #4

Say

What did you learn when you asked -

1. What services do you provide?
2. Who are your customers?
3. Are your services accessible to people with disabilities?
4. How does your business/organization contribute to the health and safety of people living in our community?

For discussion, Ask

Did everyone, alone or with a fellow student, get information about a health or safety resource in your community? Any difficulties in doing this homework?

Ask, and record on easel paper

Who wants to begin, and tell us about the resource you checked out? As each person/team reports, the Instructor should name the resource and a word or two in response to each question on a sheet of easel paper. Continue, listing two or three on each sheet, until everyone has had a chance to report.

Your Presentation Notes

Homework Assignment

What did you learn?

- What services do you provide?
- Who are your customers?
- Are your services accessible to people with disabilities?
- How does your business/organization contribute to the health and safety of the community?

Session #5, Overhead 4

Homework Assignment for Session #5: Community Resources - Health & Safety

Directions: DSPs are to pair up, choose a person or organization, and learn (by telephone, personal interview, or just stopping by the place) what that individual or organization can provide in terms of information or other services that might meet a health or safety need of people living in the home where you work. Call around and see if you can find an appropriate resource. Individuals and organizations can be identified in the Yellow Pages under such headings as:

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Health Care Services

First Aid and Safety Instruction

Health Clubs

Safety Consultants

Weight Control Services

Waste Disposal—Hazardous

Fire Alarm Systems

Waste Disposal—Medical and Infectious

Fire Extinguishers

First Aid Supplies

Clinics

Hospitals, nursing homes

YMCA, YWCA

Fire Department

Red Cross

Social Service Organizations, such as American Heart Association, American Diabetes Association, American Cancer Society, etc.

College, University, or Regional Occupational Centers and Programs

Any other person/organization that contributes to health or safety.

A health or safety topic addressed by a phone service. (NOTE: In the Los Angeles area,

This can be found in the telephone book. Kaiser Permanente also has such a service.)

On the next page, you will find a set of basic questions to ask. Please jot down a summary of what the person you spoke with had to say.

Homework Assignment for Session #5: Learning About Local Health and Safety Resources

Name of Organization or Person Contacted: _____

Type of Business/Organization: _____

Note: First, say who you are and why you are calling. For example, My name is ... and I have a class assignment to learn more about health and safety resources in my community. I'd like to ask you a few questions.

1. What services do you provide?

2. Who are your customers? Who uses your services and why?

3. Are your services accessible to people with disabilities?

4. How does your business/organization contribute to good health and reasonable safety for people living in our community?

Note: Close by thanking the person you spoke with.

Say

Everyone needs a primary care physician, a dentist, and relevant specialists (for example, neurologist, podiatrist, eye doctor, etc.), and certain other services (for example, a nurse). In addition, health and safety resource information is important both for the operation of a home (for example, a fire extinguisher company) and the well-being of those we serve. Other important resources include support groups, and specialized services, such as *desensitization* programs if a person is skittish about such things as dental work or pelvic examinations. As the homework exercise demonstrates, there are a wide variety of community resources in the areas of "health, wellness, and safety."

Key Words

Do

Show Overhead #5

Say

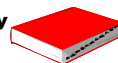
Near the front of your *Resource Guide*, you will find a list of key words that you will hear a lot during today's session. They are:

- Health Care Assessment, History and Plan
- Personal Hygiene
- Personal Health Advocacy

Your Presentation Notes

Key Words

- Health Care Assessment, History and Plan
- Personal Hygiene
- Personal Health Advocacy
- Signs and Symptoms
- Medical Emergency
- First Aid
- Emergency Services



- Signs and Symptoms
- Medical Emergency
- First Aid
- Emergency Services

Review Questions

Do

Show overhead #6

Say

Several key points and critical skills are today's focus. As with other sessions, key points are highlighted in a set of *Review Questions*. They are in your *Resource Guide*, right after the Key Words. The review questions for today are:

1. How do health assessments relate to health care plans, interventions, and evaluation of results? What goes into an initial health assessment?
2. How do age, gender, and risk factors relate to the frequency and content of physical examinations?
3. In helping people care for their teeth and nails, what should the DSP do?

Your Presentation Notes

Review Questions

- What's a health care assessment?
- Why are physicals helpful?
- What about care for teeth and nails?
- What do you need to do before seeing a health care professional?
- What about signs and symptoms?
- What's a medical emergency?

Session #5, Overhead 6

Your Presentation Notes

4. Why are (a) personal health care advocacy and (b) good preparation for exchanges with health care professionals important?
5. What is the relationship between the following: (a) observation; (b) change; (c) objective signs; and (d) subjective feelings?
6. What is a *medical emergency*? Besides first aid, when should a person call 911?

Health Assessment and Planning

Do

Show overhead #7

Say

When a person enters a home, a *health assessment* is required. The assessment generally includes a thorough physical examination, including a health history, along with needs or problems identified by the person, his/her family, and others. *Plans* address health care needs. *Interventions* follow from the plan and indicate who will do what, and how often. Health care professionals, most importantly the person's physician, need to be involved at every step.

Health Care Planning

- **Health assessment**
- **Plan to address health needs**
- **Interventions (What? How often? Who?)**
- **Evaluation of results**

Session #5, Overhead 7

Do

Show overhead #8

Say

Health histories should include:

- Basic information (e.g., names of health care professionals; allergies; regular and as needed medications)
- Personal illnesses in the past
- Family medical history (e.g., mother or siblings with breast cancer prior to menopause; causes of death; chronic illnesses such as diabetes)
- Medication history (what's worked; what hasn't; adverse reactions)
- Copies of previous medical records

Say

A *health history* is important, but often not easily obtained. It's important to ask questions (e.g., of the person, family members, regional center service coordinator, previous residential service providers), and sometimes read through records. Some of the information (e.g., *Family Medical History*) helps determine when and what to look for in examinations. Some information (e.g., medication allergies), if not obtained, can put a person at substantial risk. It pays to ask lots of questions, even though some cover the same topics, and to clarify any contradictions in the oral or written record.

Your Presentation Notes

Health Histories

- **Basic information**
- **Personal illnesses in the past**
- **Family medical history**
- **Medication history**
- **Copies of previous medical records**

Session #5, Overhead 8

Teacher's Resource Guide - Session #5: Wellness - Responding to Individual Needs

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:

The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.

The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
LICENSEE'S NAME:	TELEPHONE:	FACILITY LICENSE NUMBER:	

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
NEXT OF KIN:		PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:	

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS:				
SECONDARY DIAGNOSIS:				LENGTH OF TIME UNDER YOUR CARE:
AGE:	HEIGHT:	SEX:	WEIGHT:	IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TUBERCULOSIS EXAMINATION RESULTS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NONE				DATE OF LAST TB TEST:
TYPE OF TB TEST USED:			TREATMENT/MEDICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

OTHER CONTAGIOUS/INFECTIOUS DISEASES: A) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: B) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	
ALLERGIES C) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:		TREATMENT/MEDICATION: D) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:	

Ambulatory status of client/resident: ☐ Ambulatory ☐ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

LIC 602 (7/96)

(OVER)

Teacher's Resource Guide - Session #5 - Wellness - Responding to Individual Needs

I. PHYSICAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	YES NO (Check One)	ASSISTIVE DEVICE	COMMENTS:
1. Auditory Impairment			
2. Visual Impairment			
3. Wears Dentures			
4. Special Diet			
5. Substance Abuse Problem			
6. Bowel Impairment			
7. Bladder Impairment			
8. Motor Impairment			
9. Requires Continuous Bed Care			
II. MENTAL HEALTH STATUS: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	NO PROBLEM	OCCASIONAL	FREQUENT
	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:		
1. Confused			
2. Able To Follow Instructions			
3. Depressed			
4. Able to Communicate			
III. CAPACITY FOR SELF CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:	
	YES NO (Check One)	COMMENTS:	
1. Able to care For All Personal Needs			
2. Can Administer and Store Own Medications			
3. Needs Constant Medical Supervision			
4. Currently Taking Prescribed Medications			
5. Bathes Self			
6. Dresses Self			
7. Feeds Self			
8. Cares For His/Her Own Toilet Needs			
9. Able to Leave Facility Unassisted			
10. Able to Ambulate Without Assistance			
11. Able to manage own cash resources			
PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:			
CONDITIONS		OVER-THE-COUNTER MEDICATION(S)	
1. Headache			
2. Constipation			
3. Diarrhea			
4. Indigestion			
5. Others(specify condition)			
PLEASE LIST CURRENT <u>PRESCRIBED MEDICATIONS</u> THAT ARE BEING TAKEN BY CLIENT/RESIDENT:			
1. _____	4. _____	7. _____	
2. _____	5. _____	8. _____	
3. _____	6. _____	9. _____	
PHYSICIAN'S NAME AND ADDRESS:		TELEPHONE:	DATE:
PHYSICIAN'S SIGNATURE			
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)			
I hereby authorize the release of medical information contained in this report regarding the physical examination of:			
PATIENT'S NAME:			
TO (NAME AND ADDRESS OF LICENSING AGENCY):			
SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE		ADDRESS:	DATE:

Health History

Biographical information:

Name _____ Gender: ☐ Male ☐ Female Date of birth _____

Nature and origin of disabling condition: _____

Where lived over the past few years:

From/to (MM/YY)	Address (Street, City, State, ZIP)	Person(s) lived with	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sources of information (medical records; informants; individuals; etc.): _____

Social Security No. _____	Blood type: _____
Medicare No. _____	Medi-Cal No. _____
Emergency Contact _____	Relationship _____
Phone (days) _____	(other) _____
Emergency Contact _____	Relationship _____
Phone (days) _____	(other) _____
Guardian/conservator _____	Phone: _____
RC Service Coordinator _____	Phone: _____
Primary Physician _____	Phone: _____
Dentist _____	_____

Basic current health information

Allergies _____

Special Medical Conditions _____

Regularly Taken Medications (name; reason, schedule) _____

Personal illnesses

Do you have, or have you had, any of the following?

	<u>Yes</u>	<u>No</u>	<u>Year</u>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Angina or chest pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anxiety or Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer or Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name : _____

	<u>Yes</u>	<u>No</u>	<u>Year</u>
Compulsiveness, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constipation.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions or seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression (persistent 'down' mood)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes or Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diarrhea, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma or cataracts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hay Fever, Hives or Skin Rash.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headaches, persistent.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Voices.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmurs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Immune System Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Trouble.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee or Hip Replacement.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liver Problems or Hepatitis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obsessiveness, persistent.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
PKU.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reflux or Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever or Rheumatic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scarlet Fever.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thrombophlebitis or Blood Clots.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid Trouble, Goiter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomiting, persistent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name : _____

Family member/Name	Health status	Major illnesses*	Cause of death	Age of death
Father				
Mother				
Sibling				
Grandparents				
Others (e.g., uncles, aunts, cousins)				

Medication History

Name: _____ Date history started: _____

Drug, Dose, Frequency*	Purpose used for	When began?	Stop-ped?	Problems, Side Effects, Allergic Reactions, etc.

Date Completed: _____

Signed: _____

APPRAISAL/NEEDS AND SERVICES PLAN

CLIENT'S/RESIDENT'S NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE
FACILITY NAME	ADDRESS			
PERSON(S) OR AGENCY(IES) REFERRING CLIENT/RESIDENT FOR PLACEMENT		FACILITY LICENSEE NUMBER		
		CHECK TYPE OF NEEDS AND SERVICES PLAN: <input type="checkbox"/> ADMISSION <input type="checkbox"/> UPDATING TELEPHONE NUMBER ()		

Licensing regulations require that an appraisal of needs be completed for specific clients/residents to identify individual needs and develop a service plan for meeting those needs. If the client/resident is accepted for placement the staff person responsible for admission shall jointly develop a needs and services plan with the client/resident and/or client's/resident's authorized representative referral agency/person, physician, social worker or other appropriate consultant. Additionally, the law requires that the referral agency/person inform the licensee of any dangerous tendencies of the client/resident.

NOTE: For Residential Care Facilities for the Elderly, this form is not required at the time of admission but must be completed if it is determined that an elderly resident's needs have not been met.

BACKGROUND INFORMATION: Brief description of client's/resident's medical history/ emotional, behavioral, and physical problems; functional limitations; physical and mental; functional capabilities; ability to handle personal cash resources and perform simple homemaking tasks; client's/resident's likes and dislikes.

NEEDS	OBJECTIVE/PLAN	TIME FRAME	PERSON(S) RESPONSIBLE FOR IMPLEMENTATION	METHOD OF EVALUATING PROGRESS
SOCIALIZATION — Difficulty in adjusting socially and unable to maintain reasonable personal relationships				
EMOTIONAL — Difficulty in adjusting emotionally				

Teacher's Resource Guide - Session #5: Wellness - Responding to Individual Needs

NEEDS	OBJECTIVE/PLAN	TIME FRAME	PERSON(S) RESPONSIBLE FOR IMPLEMENTATION	METHOD OF EVALUATING PROGRESS
MENTAL — Difficulty with intellectual functioning including inability to make decisions regarding daily living.				
PHYSICAL/HEALTH — Difficulties with physical development and poor health habits regarding body functions.				
FUNCTIONING SKILLS — Difficulty in developing and/or using independent functioning skills.				
<p>We believe this person is compatible with the facility program and with other clients/residents in the facility, and that I/we can provide the care as specified in the above objective(s) and plan(s).</p> <p>TO THE BEST OF MY KNOWLEDGE THIS CLIENT/RESIDENT DOES NOT NEED SKILLED NURSING CARE.</p> <p>LICENSEE(S) SIGNATURE _____ DATE _____</p> <p>▲</p> <p>I have reviewed and agree with the above assessment and believe the licensee(s) other person(s)/agency can provide the needed services for this client/resident</p> <p>CLIENT'S/RESIDENT'S AUTHORIZED REPRESENTATIVE(S)/FACILITY SOCIAL WORKER/PHYSICIAN/OTHER APPROPRIATE CONSULTANT SIGNATURE _____ DATE _____</p> <p>▲</p> <p>I/We have participated in and agree to release this assessment to the licensee(s) with the condition that it will be held confidential.</p> <p>CLIENT'S/RESIDENT'S OR CLIENT'S/RESIDENT'S AUTHORIZED REPRESENTATIVE(S) SIGNATURE _____ DATE _____</p> <p>▲</p>				

Do

Show Overhead #9

Say

Things to think about when planning for routine physical exams are:

- They may or may not be annual. For example, *Medicaid Waiver* requires exams based on individual needs and addressed in the Individual Program Plan (IPP).
- Schedule, and ask for needed accommodations (for example, early morning appointments, man or woman only, etc.)
- Be prepared (for example, bring a list of medications being taken; any questions)
- Bring immunizations up-to-date
- Ask for appropriate age-gender-risk screenings (for example, breast exam, pelvic exam, mammogram, sigmoidoscopy)

Say

In your Resource Guide (refer to page number) are *preventive care guidelines* for children and adults, put out by the Partnership Health Plan of California (PHC), a county-based Health Maintenance Organization serving Medi-Cal clients in

Your Presentation Notes

Planning for Routine Physical Exams

- May or may not need to be annual
- Schedule and ask for accommodations
- Be prepared
- Bring immunizations up-to-date
- Ask for appropriate screenings

Session #5, Overhead 9

Preventive Care for Adults

To keep yourself healthy, it is important to have health check-ups with your doctor even if you are not sick or having problems. If you are 18-64 years old, you should get health check-ups every 1 – 3 years, depending on your health and your risk factors. For those who are 65 years old or older, you should get health check-ups every year. If you are a new member of the health plan, you should get a health check-up within 4 months with your primary care provider. Below is a list of tests that should be done for your age group, but your doctor may want to do some tests more often.

TESTS	19 to 39 years	40 to 59 years	60 to 64 years	65 & older
Height & weight	every 3 years	every 3 years	every 3 years	every year
Blood pressure	every 2 years	every 2 years	every 2 years	every year
Stool blood (colorectal cancer screen) OR Sigmoidoscopy (colorectal screen)		at 50 and every year after at 50 and every 10 years after	every year every 10 years	every year every 10 years
Cholesterol (for men)	at 35 and every 5 years after	every 5 years	every 5 years	every 5 years
Cholesterol (for women)		at 45 and every 5 years after	every 5 years	every 5 years
Immunizations				
Diphtheria - Tetanus vaccine	every 10 years	every 10 years	every 10 years	every 10 years
Tuberculosis (TB) test	for people at high risk; every 2 years	for people at high risk; every 2 years	for people at high risk; every 2 years	for people at high risk; every 2 years
Hepatitis B test	18 to 35 and for people at high risk	for people at high risk	for people at high risk	for people at high risk
Pneumovax (to protect against pneumonia)				at 65 & as doctor recommends
For Men				
Prostate Cancer Screen (by a doctor)		at 50 and every year after	every year	every year
Testicular self-exam (check for lumps)	monthly	monthly	monthly	monthly
For Women				
Breast exam by doctor (to check for cancer)	every 3 years	every year	every year	every year
Breast self-exam (do 1 week after menstrual period; check for lumps)	monthly	monthly	monthly	monthly
Mammogram (breast x-ray)	at 35 if you have a family history, you can decide when to have one	at 40 to 49 you can decide when to have one; at 50 to 69 every year	at 50 to 69 every year	at 50 to 69 every year; at 70+ you can decide when to have one
Pap smear (to check for cervical cancer)	every 1-3 years	every 1-3 years	every 1-3 years	every 1-3 years

Source: Adapted from a Newsletter insert, published by Partnership Health Plan of California (PHC), 1998. PHC is a county-based Health Maintenance Organization, serving Medi-Cal patients in Solano and Napa counties.

Preventive Care for Children and Adolescents

The health plan recommends regular health check-ups for children and teens. Regular health check-ups can help you learn ways to keep your child healthy and to find out about possible health problems early on. As a member, your child or teen is eligible to have preventive health check-up as part of the Child Health and Disability Program (CHDP). The plan recommends health check-ups at the same ages as recommended by the American Academy of Pediatrics and CHDP as shown in the chart below. Your doctor's staff or your doctor should ask questions about your child's health history, growth, development and behavior during healthy check-ups. During health check-ups, you can also expect to learn ways to prevent injury and to learn what to expect as your child grows. Your doctor may recommend additional visits or screenings if needed.

	Ages for Infants and Toddlers (age in months)	Early Childhood (age in years)			Middle and Late Childhood (age in years)		Adolescence (age in years)													
HEALTH CHECK-UPS History, height, weight, blood pressure (starting at age 3) and other important assessments	At newborn, 2-4 days (if needed) 1,2,4,6,9,12,15, 18 and 24 months	3	4	5	6	8	10	11	12	13	14	15	16	17	18	19	20	21		
Vision test		•	•	•			•		•			•			•					
Hearing test		•	•	•			•		•			•			•					
Test for Anemia (blood test)	Between about 7-9, 13-15, and 24 months	•	•	•	•			•			•				•					
Urine Test				•	•			•			•				•					
Test for Lead (blood test). Your doctor or staff will also ask questions about possible exposure to lead at check-ups between 2 months and 4-5 years	At 10-12 months and at 24 months																			
Tuberculosis test (TB) (Also recommended for children at higher risk)					•						•									
Pelvic/Gynecological Exam	Recommended for sexually active females and females age 18 years and older																			

Recommended Schedule of Immunizations from Birth to 16 Years Old

Immunizations (shots) protect your child from many serious diseases. It is important to complete all shots in order to help your child to be fully protected. Keep your child's shot record in a safe place and bring it with you to your child's doctor appointments. If you think your child may have missed a shot, or should not have a shot let your child's doctor know. Your doctor may recommend a different shot schedule in order to catch up on missed shots.

AGE	DtaP or DTP (diphtheria, tetanus, pertussis)	POLIO	POLIOMMR (measles, mumps, rubella)	HIB (haemophilus influenza type B)	HEPATITUS B	VARICELLA (chicken pox)
At birth					✱ (between birth 2 mo)	
2 months	✱	✱		✱	✱ (between 1-4 mo)	
4 months	✱	✱		✱		
6 months	✱			✱ (if required)		
6-18 months		✱	✱ (12-15 months)		✱	
4-6 years	✱	✱	✱			
11-12 years	✱ (Tetanus/Dip booster)				✱ (if child has not already had 3 doses)	✱ (if child has not had vaccine or chicken pox)
14-16 years	✱ (if needed)					

Solano and Napa counties. Your organization's guidelines are likely to be quite similar. Beyond childhood, as we get older, the frequency of various kinds of screenings should increase – both for men and women.

In general, those in your care may need annual, routine exams because of regulations (for example Title 22 or Medicaid). In addition, health care is moving toward age, gender, and risk schedules. So, it's important to find out from the individual's primary care physician what is recommended in the way of routine or special physical examinations.

Do

Show overhead #10

Here are the general guidelines for a routine dental examination:

- Once a year, typically
- Cleaning, X-rays, visual exam
- Follow-up work, as needed

Say

Prevention is crucial in caring for teeth. This means brushing well at least twice a day; flossing at regular intervals; fluoride in tooth paste or the water we drink; and avoiding sugary substances in our mouths for long periods of time. Denti-Cal routinely pays for

Your Presentation Notes

Routine Dental Examinations

- **Once a year, typically**
- **Cleaning, X-rays, visual exam**
- **Follow-up work, as needed**
- **Prevention is important**



Session #5, Overhead 10

a professional dental check-up once a year. If those in your care struggle to maintain good dental hygiene, you may want to ask the dentist to submit a Treatment Authorization Request (TAR) for more frequent professional cleanings.

If a person brushes inadequately, DSPs can assist by going back over a person's teeth with a soft toothbrush, spending plenty of time brushing teeth, using a circular motion, along the gum line. This "mechanical action" is what loosens and sweeps plaque away. If accompanying a person to the dentist, a wise approach is to assist the person in asking the dentist and hygienist what they can do to improve the quality of dental hygiene.

Say, and Discuss

Let's do an activity. In your *Resource Guide*, is some information about Walter (refer to the page number).

(Divide people into small 4-6 person groups if not already seated that way.)

Working with others at your table, read the material, list Walter's health problems, and write a set of questions to ask the physician, other health care professionals (for example, a nurse), and perhaps others to determine what role they would like you, as a DSP, to have in meeting Walter's health related needs.

Your Presentation Notes

Activity: Toward a Health Care Plan

Information about Walter: Walter is a 36 year old and has Down Syndrome. He has lost his left eye and has a glass eyeball that occasionally gets gooey with whitish-gray discharge. He doesn't like to brush his teeth and resists the efforts of staff to help him brush his teeth. When he does brush his teeth, he doesn't do a very good job. Walter has occasional constipation. He is overweight and doesn't get much exercise. He will eat fruits and vegetables, but prefers hamburgers and french fries.

Health Problems: What health and health-related problems (or needs) does Walter have?

- #1 _____
- #2 _____
- #3 _____
- #4 _____
- #5 _____

What questions would you ask Walter's physician and others involved in his health care (parents, regional center clinicians and others who know Walter well) to learn how you can assist Walter to meet the health care needs you identified above? Limit your response to only three of the identified needs.

REMEMBER: Health care plans include (1) identification of a need; (2) plans to meet the need (Who will do what? How often? When?); (3) a method to evaluate the results to determine progress.

Problem: ***Questions to Ask:***

After 10 minutes

Show overhead #11

Ask

- *What are some of Walter's health needs?*
 - #1 Whitish-gray discharge from left eye
 - #2 Dental hygiene: toothbrushing
 - #3 Occasional constipation
 - #5 Overweight
 - #6 Lack of exercise

- *What questions would you like to ask professionals and those who know Walter well?* (NOTE: These are sample responses. Many others are possible.)
 - #1 Whitish-gray discharge from left eye
 - What causes the discharge?
 - What should we do when discharge is present?
 - Is there any way to eliminate (or reduce) the likelihood of discharge?
 - Could Walter be trained to care for his glass eye?
 - #2 Dental hygiene: teeth-brushing
 - Assist Walter in asking his dentist (or hygienist)
 - How can I improve my teeth-brushing?
 - Would you recommend an electrical toothbrush?
 - Ask those who know Walter well
 - What incentives/motivators/reinforcers could be used to encourage improved teeth-brushing?

Your Presentation Notes

**Toward A Health Care
Plan for Walter**

An Activity

- **What are some of Walter's health needs?**
- **What questions would you like to ask professionals and those who know Walter well?**

Session #5, Overhead 11

Students are likely to see these as interrelated ...

#3 Occasional constipation

How should "constipation" be defined in Walter's case?

When constipation occurs, what should we do?

What steps can we take to minimize the chance that Walter will become constipated?

What changes in diet and activity would be appropriate, given this problem and the ones indicated below?

#5 Overweight

#6 Lack of exercise

Ask Walter's doctor, a dietitian, and others who know about Walter's food likes and dislikes.

Should any adjustments be made in Walter's diet? If so, what changes make the most sense?

Ask Walter's doctor:

How much and what kind of exercise would be right for Walter at this time?

Ask Walter (and/or those who know Walter well):

What things or activities, involving moving about, does Walter enjoy?

How can this kind of preparation help you plan for appointments?

Your Presentation Notes

Meeting Medical, Mental, and Dental Health Care Needs

Do

Show overhead #12

Say, and discuss

Let's look at some other personal hygiene and home care issues.

Hair

What if a person has *dandruff*? (Answer: Vigorous shampooing and/or rotation of dandruff shampoo with regular shampoo.)

What if a person has head lice? (Answer: Check with a health care professional; Nix or RID are over-the-counter medications that are typically used. Wash bedding; and avoid reinfestation.)

Skin

How does one avoid sunburn? (Answer: Sunscreen with sun protection factor, or SPF, of 15 or more; broad-brimmed hat; stay out of sun; loose clothing helps. Also, be aware of an individual's medication and which ones may make an individual more prone to sunburn.)

How does one avoid skin breakdown from pressure sores? (Answer: Help the person change positions frequently. Keep skin clean and dry.)

Your Presentation Notes

Personal Hygiene

- Hair
- Skin
- Nails
- Cold or flu
- Chronic health conditions



Session #5, Overhead 12

Your Presentation Notes

Nails

What about fingernails and toenails?

(Answer: Cut straight across; shoes that fit with adequate toe box; get professional help if (a) diabetes, (b) circulatory problems, or (c) toenail fungus, because of risk of infection.)

Cold or flu

What does one do for a cold or flu?

(Answer: Plenty of rest; lots of fluids; relieve symptoms by taking warm showers, chicken soup, and over-the-counter medications ordered by the person's physician.)

Chronic health problems

How does one handle chronic health care problems? (Answer: Follow the directions of the person's physician or health care team.)

If you have a question, ask a health care professional – the person's physician; pharmacist; a nurse.

BREAK for 15 minutes

Working with Health Care Professionals

Do

Show overhead #13

Say

There are two general approaches taken by nonprofessionals when working with physicians: *active partnership* vs. *passive and accepting*. These days, most physicians want their patients (and those who assist their patients) to be *active partners*, providing information, asking questions, discussing and weighing options, checking for understanding. Such an approach makes better use of the physician's time, and the quality of care is typically improved.

Do

Show overhead #14

Say

With managed care, busy physicians, Medical rates that are low in comparison with usual and customary charges, and devaluation of people with disabilities deeply embedded within the majority culture, *personal health advocacy* is often needed if those in our care are to receive the best possible health services. Here are some things you can do:

Your Presentation Notes

Two Ways to Work with Physicians

- **Active partner**
- **Passive and accepting**

Most physicians want you to be an active partner!

Session #5, Overhead 13

Personal Health Advocacy

- **Believe**
- **Be persistent**
- **It's never too early and it's never too late**
- **Be an active partner**
- **Ask for help**
- **Be prepared**
- **Choose a primary care physician with a good reputation**

Session #5, Overhead 14

- *Believe* every person is entitled to quality care;
- *Be persistent* in getting the care the person needs;
- *It's never too early and it's never too late* to provide the best possible care;
- Be an *active partner*, or get the help of someone who can be;
- Don't be afraid to *ask for help* (information; advice, assistance);
- *Be prepared* and get to the point; and
- Choose a primary care physician with a *good reputation*, ideally who has hospital privileges at the community hospital.

Do

Show overhead #15

Say

Here are some tips in preparing for and handling office visits with a person's physician: (The *Resource Guide* has an "Ask-the-Doctor Checklist" and on the page following, a sheet prompting you to keep track of signs and symptoms, and what was done prior to meeting with the person's physician or other health care provider.)

- Take good care of yourself and others.

Your Presentation Notes

Personal Health Advocacy

- ***Believe***
- ***Be persistent***
- ***It's never too early and it's never too late***
- ***Be an active partner***
- ***Ask for help***
- ***Be prepared***
- ***Choose a primary care physician with a good reputation***

Session #5, Overhead 14

Being an Active Partner

- ***Observe and record***
- ***Provide good care for minor health problems***
- ***Call if a minor problem doesn't go away or gets worse***
- ***Prepare for office visits***
- ***Play active role in the office visit***

Session #5, Overhead 15

Ask-the-Doctor Checklist

Date: _____

Individual's Name: _____

Step 1. Before the visit:

a. Complete the "Keeping Track and Initial Care," on the next page.

b. List all medications being taken:

Name	Purpose	Prescriber	Dose/frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step 2. During the visit:

c. The main health problem is _____

d. Signs and symptoms have been (from preceding page) . . .

e. Past experience with this problem has been _____

Step 3. Write down:

f. Temperature _____ Blood pressure _____ / _____

g. The diagnosis (what's wrong) is _____

h. The prognosis (what might happen next) is _____

i. The home care plan is _____

Step 4. For drugs, tests, and treatments, ask:

j. What's its name? _____

k. Why is it needed? _____

l. What are the risks? Expected benefits? _____

m. Are there alternatives? _____

n. What are the risks? Likely benefits? _____

o. [for drugs] How should it be taken? _____

p. [for tests] How do I prepare? _____

Step 5. At the end of the visit:

q. What danger signs should I look for? _____

r. When do I need to report back? _____

s. Are we to return for another visit? _____

t. Are we to phone in for test results? _____

u. What else do we need to know? _____

Keeping Track, and Initial Home Care

Step 1. Observe the Problem.

Date: _____

Individual's Name: _____

a. What are the signs? symptoms? _____

b. When did they start? _____

c. Vital signs?

Temperature _____ Blood pressure _____ / _____

Pulse _____ Breaths _____ /minute

d. Thinking back:

Had the problem before? ☐ Yes ☐ No

What did you do for it? _____

Any change in life (stress, medications, food, etc.)? _____

Anyone else at home or work have these signs or symptoms? _____

Step 2. Learn more about it.

e. Books, articles, web sites _____

f. Advice from others (lay, professional) _____

Step 3. Make an action plan.

g. "Tentative" diagnosis _____

h. Home care plan _____

i. When to call the doctor _____

Step 4. Evaluate progress.

j. Are your actions working? _____

- At first sign of a health problem, observe and record signs and symptoms.
- Provide good care at home for minor problems.
- Call the physician if a minor problem doesn't go away or gets worse.
- Prepare for office visits (*Ask-the-Doctor Checklist*; write down main concern, hunches, questions, and list of medications being taken).
- Play active role in the office visit (be candid; share hunches and fears; don't hold back; get information; take notes; keep records).

Do

Show overhead #16

Say

In the course of caring for people, you are likely to have occasion to accompany a person meeting with their physician or other health care provider. In addition, you may talk with the health care provider by phone to ask questions, get further instructions, or the like. Title 17 requires you to keep an accurate record of such interactions with health care providers.

Based on hypothetical information about Jane Doe that you can find in your *Resource*

Your Presentation Notes

Log of Visits and Consultations

Activities

- March 27 – set up appointment
- April 10 – office visit
- April 11 – lab work
- May 14 – call to office
- May 15 – Nurse does blood pressure check and maintains July 7th office visit

Session #5, Overhead 16

Activity:
**Recording Visits and Phone Calls
with Health Care Providers**

Client's Name: Jane Doe

DOB: 7/30/74

Events:

1. It is March 27th. Over the past month, Jane Doe, who is 5' 2" tall, and currently weighs 175 lbs., gained 7 lbs. She and her care-provider are concerned about her weight. They call her primary care physician, Dr. Burns, whose front-office staff schedule an appointment for April 10.
2. On April 10, Jane is seen by Dr. Burns. At the office, the nurse writes down Jane's complaint (being overweight; rapid recent weight gain), and takes a few measures: Weight: 178 lbs.; Pulse: 76; Blood pressure: 140/92. Dr. Burns talks with Jane and Mrs. Smith, the care-provider, and does some checking with his stethoscope, a light, and tongue depressor. He orders some blood tests at a local lab. He learns that Jane, in a rush to get to her job, typically skips breakfast. She began working at a fast food restaurant six weeks ago, and eats her lunch there (sometimes 2 double-hamburgers and 2 large orders of French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to 1 hamburger and 1 order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.
3. The next day, April 11th, Jane has blood drawn at the lab used by Dr. Burns's patients, and the lab says they will fax the results to Dr. Burns. They say "no news is probably good news," if you don't get a call from Dr. Burns's office about the lab work.
4. A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns's office, and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.
5. On May 15, Jane has her blood pressure checked, and it is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7th.

Log of Health Care Visits and Consultations

Name: _____

DOB: _____

Date	Health care professional (name)	Phone? Y N	Reason/ Subject	Outcome/ Result	Follow-up or Notes (e.g., meds)

Smith Family Care Home, 1234 Main Street, Any City, CA 90000. Ph: (123) 456-7890

Guide (refer to the page number), and using the Log form (refer to the page number), please make entries on the Log of Health Care Visits and Consultations. Work alone, and take about 10 minutes.

I will give you a hint. It's not uncommon to find entries in these logs to have problems in (1) not conveying information as to what went on, and (2) not explaining what is to be done next.

Signs, Symptoms, and Responses

Do

Show overhead #17

Say, and discuss

Nearly all DSPs are expected to be able to take a person's (1) temperature; (2) pulse; and (3) respiration rate. With proper equipment and instruction, some are expected to take blood pressure readings as well, although this is less common.

How should you take a person's temperature, pulse, and respiration rate? ANSWER:

1. *Temperature* – wash hands; be sure thermometer is clean; shake down; place under tongue; ask person to close mouth and breathe through their

Your Presentation Notes

Vital Signs

● **Temperature**

● **Pulse**

● **Respiration**

● **Blood pressure (with advice and training)**



Session #5, Overhead 17

nose; leave under the tongue for 3-5 minutes; read temperature. (98.6 degrees F. is normal; one degree either side is Okay.) If taken under arm, normal temperature is one degree less; leave under arm for 5 (not 4) minutes. If using a paper thermometer for forehead or under tongue, follow directions for that particular thermometer.

2. *Pulse* – two fingers across wrist; if cannot feel pulse, take under jaw near wind pipe. Count over 15 seconds, then multiple by 4, to express as beats per minute.
3. *Respiration* – look for rise and fall of the chest. Count rise and fall for 1 minute (12 to 24 breaths per minute is normal). Stand above and look down, but don't tell the person what you are doing, because being conscious of respiration being measured is likely to change the pattern.

Do

Show overhead #18

Say

Blood pressure guidelines for adults are:

Normal – Below 130/85;

High-normal – 130-139/85-89;

High – 140/90 or higher.

Your Presentation Notes

Blood Pressure

● **Normal** –
Below 130/85

● **High-normal** –
130-139/85-89

● **High** –
140/90 or higher



Session #5, Overhead 18

Persistent high blood pressure (called *hypertension*) is a very serious problem. It is known as the "Silent Killer," and left untreated will lead to heart disease, stroke, or kidney problems. If blood pressure is high, have it checked frequently and consult a physician to see whether there is a problem.

Do

Show overhead #19

Say, and Discuss

Observation involves sensing *change* in things that may signal a health problem. Using the four sense indicated, what kinds of things might you encounter?

1. *Sight* – rash, reddened area, swelling, rapid breathing, cloudy urine, tears, emotional outburst, aggression, property destruction, change in eating or sleeping pattern, etc.
2. *Hearing* – labored or noisy breathing, crying, moaning in pain, coughing, yelling.
3. *Touch* – hot, moist, or cold skin; change in pulse rate; puffiness of skin; slight pressure resulting in wincing.
4. *Smell* – fruity breath, foul smelling urine, foot odor, etc.

Your Presentation Notes

Observation

Looking for *change* in anything that may signal a health problem

- *Sight*
- *Hearing*
- *Touch*
- *Smell*

Session #5, Overhead 19

Do

Show overhead #20

Say

There are both objective and subjective signs and symptoms. If something is objective, it means an outsider can sense it (e.g., see the person scratch). If subjective, it is something only the person feels (e.g., headache; itching). This difference is important, because many of the people we serve use few if any words, and have trouble telling us what they are feeling. This makes diagnoses of health problems more challenging, and typically more objective measures (e.g., blood work; urinalysis) will be needed to rule out various possibilities.

Do

Show overhead #21

Say

Let's use for an example, normal and abnormal patterns of bowel movements. It may not sound too exciting, but this is an important health indicator.

Each person has a pattern of bowel movements that is "normal" for him/her. Part of getting to know about individual needs is learning what the normal pattern of bowel movements is for that person. Once the normal pattern of bowel movements is

Your Presentation Notes

Signs and Symptoms

- If objective, outside can sense
- If subjective, internal feeling that person may or may not be able to express
- Difference is important, some cannot express what they are sensing

Session #5, Overhead 20

Signs and Symptoms of Constipation

- Change in pattern of bowel movements
- Loss of appetite, increase in sleepiness, fussiness
- Abdominal bloating
- Persistent abdominal pain
- Oozing of liquid stool

Session #5, Overhead 21

established the DSP should look for any indication of a change. When an individual is not able to tell you that they had a bowel movement, the plan for that individual may include keeping a record of bowel movements.

Constipation is a symptom of a problem. Untreated constipation can lead to serious consequences including the need for surgery and sometimes death. People who are inactive, drink small amounts of fluids, have a low fiber diet, and take certain medications may be prone to constipation.

Signs and symptoms of a problem with constipation include:

1. A change in the normal pattern of bowel movements.
2. Loss of appetite, increase in sleepiness, fussiness.
3. Abdominal bloating.
4. Persistent abdominal pain (person is holding their abdomen).
5. Oozing of liquid stool.

If you observe any of these symptoms, call the individual's primary physician immediately.

Your Presentation Notes

Signs and Symptoms of Constipation

- **Change in pattern of bowel movements**
- **Loss of appetite, increase in sleepiness, fussiness**
- **Abdominal bloating**
- **Persistent abdominal pain**
- **Oozing of liquid stool**

Session #5, Overhead 21

Do

Show overhead #22

Say

Let's do an activity. As a group at your table, take about 10 minutes to list various signs and symptoms of illness or injury within the categories in your *Resource Guide* (refer to the page number). Designate one person as a recorder/reporter. Once each table has completed it's work, move from one category to the next, asking a table to report, and then asking other table reporters to add any other sign or symptom within the particular category. Move from one category to the next.

If not included, here are some possible answers:

1. Eyes, Ears, and Nose

Rubbing eyes or nose
Red eyes
Pulling ear
Runny discharge (clear; cloudy; color)

2. Mouth and Throat

Change in eating pattern
Bleeding
Hoarseness
Wheezing

3. Head, Neck, and Shoulders

Stiff
Limited range of motion
Change in usual pattern

Your Presentation Notes

Signs and Symptoms

Activity

- List as many signs and symptoms of illness or injury in the categories you will find in your *Resource Guide*
- Designate recorder to take notes, and report
- Take about 10 minutes to do the activity

Session #5, Overhead 22

Activity: Signs and Symptoms

DIRECTIONS: At each table, list at least three **signs** or **symptoms** observable by the DSP, or told to the DSP, in the following areas: (*NOTE:* You can ask a question to learn a symptom. For example, "Do you itch anywhere?")

1. Eyes, Ears, and Nose	
2. Mouth and Throat	
3. Head, Neck, and Shoulders	
4. Muscles and Bones	
5. Eating and Drinking	
6. Breathing	

7. Abdomen, Bones, and Bladder	
8. Pain	
9. Sleeping	
10. Skin	
11. Thinking, feelings, emotions	
12. General level (or type) of activity	

Remarks, if any:

4. Muscles and Bones

Difficulty moving
Red
Swollen

5. Eating and Drinking

Refuses to eat
Drinks to excess
Cravings
Binging

6. Breathing

Erratic
Choking
Noisy
Labored

7. Abdomen, Bowels, and Bladder

Diarrhea
Blood in stool

8. Pain

Screaming
Crying
Grabbing "area"
Withdrawing
Outburst (undefined)
Draws away or says "Ouch" when
slight pressure applied to a muscle

9. Sleeping

Erratic pattern
Too much sleep
Not enough sleep
Restlessness while sleeping

10. Skin

Red
Cut
Swelling
Rash

Your Presentation Notes

11. **Thinking, feelings, emotions**

Unusually quiet
Outburst
Rambling
Change in perseveration
"Seeing things"

12. **General level (or type) of activity**

Whatever is different from the
person's usual
Lethargic
Frenetic

Do

Show overhead #23

Say

We will watch a video produced by the Epilepsy Foundation of America about seizures, and how we can help someone who is having a seizure. Then, as a group at your table, please answer the questions in your Resource Guide (refer to the page number) for the activity titled *Understanding Seizures and Seizure First Aid*. The video will last about 10 minutes; you will have another three minutes to answer the questions.

Do

Show videotape, after completion

Say

Okay, go ahead and work on the answers to the questions as a group.

Your Presentation Notes

Observing a Seizure

Activity

- Watch the video
- As a group, answer the questions
- Ask one person to serve as a recorder

Session #5, Overhead 23

Activity:
Understanding Seizures and Seizure First Aid

Watch the videotape from the Epilepsy Foundation of America, and then answer the following questions:

- 1. When a seizure occurs, what is happening inside the person's brain?**
- 2. To assist a person having a tonic-clonic (i.e., gran mal) seizure, what should you do? Not do? Why?**
- 3. To assist a person having a partial seizure that doesn't generalize, what should you do? Not do? Why?**
- 4. Under what circumstances involving a seizure would it be appropriate to seek medical care right away?**

Wait 3-5 minutes

Say

According to this videotape, - - -

1. When a seizure occurs, what is happening inside the person's brain? - A part or all of the brain is engulfed in electrical firing of neurons.

2. To assist a person having a tonic-clonic (i.e., gran mal) seizure, what should you do? Not do? Why? —

- a. Keep calm; reassure.
- b. If falling, ease to ground.
- c. Protect head, by removing objects and putting something soft under the person's head.
- d. Do not restrain movements.
- e. Turn person on their side, if possible, to avoid choking on saliva, or tongue blocking airway.
- f. Do not put anything in the person's mouth.

3. To assist a person having a partial seizure that doesn't generalize, what should you do? Not do? Why?

- a. Keep calm; reassure.
- b. Minimize physical interaction with the person.
- c. Head off any danger (e.g., walking into traffic).
- d. Stay with the person until recovered.

Your Presentation Notes

4. *Under what circumstances involving a seizure would it be appropriate to seek medical care right away?*

- a. It is a first seizure.
- b. The person is unconscious for 5 minutes or longer.
- c. The seizure is the result of injury (e.g., accident).

Do

Show overhead #24

Say

Let's review what we should do when a seizure occurs. When a person has a seizure – especially a *gran mal* or *tonic-clonic* one – here is what the DSP should do:

- Keep calm
- If falling, ease to ground and protect head
- Do not restrain movements
- When jerking stops, turn person on their side if possible
- Do not put anything in the person's mouth
- Give nothing to drink
- Stand by until the person is conscious and alert
- Allow a rest period, then encourage regular activities

Your Presentation Notes

Seizures: First Aid

- Keep calm
- Ease to ground
- Do not restrain
- Turn person on side
- Nothing to drink
- Stay until conscious
- Allow rest period
- If new or different, get help
- Reassure the person
- Document in record

Session #5, Overhead 24

- If seizure is new, prolonged, reoccurring, or injury, get professional help.
- Reassure the person that they will be okay.
- Once the individual is stable and/or treated, the DSP should document the details of the seizure (for example, when, how long, area affected, loss of consciousness) and communicate the information to physician and other staff.

Medical Emergencies

Do

Show overhead #25

Say

A *medical emergency* is an unexpected event calling for first aid, followed by prompt medical attention (e.g., calling **911**; taking the person to the Emergency Room at the hospital; calling Poison Control).

Do

Show overhead #26

Say

If these things happen, be sure to call **911** right away:

- is or becomes *unconscious*;
- has *no pulse*;

Your Presentation Notes

What is a *Medical Emergency*?

A *medical emergency* is an unexpected event calling for first aid, followed by prompt medical attention (e.g., calling 911)

Session #5, Overhead 25

Emergencies Requiring 911 Call

- *loss of consciousness*
- *no pulse*
- *trouble breathing*
- *chest pain or pressure*
- *severe bleeding*
- *injuries to the head, neck, or back*
- *shock*

Session #5, Overhead 26

- has *trouble breathing* or is *breathing* in a strange way;
- has *chest pain* or *pressure*;
- is *bleeding severely*;
- has *injuries to the head, neck, or back*; or
- has gone into *shock*.

This is not an exhaustive list. Emergency services personnel suggest calling **911** regardless of the apparent extent of injuries if (1) fire or explosion; (2) downed electrical wires; (3) people are caught in swiftly moving or rapidly rising water; (4) poisonous gas is in the air; (5) vehicles have collided; or (6) the person is injured and cannot be moved easily.

Do

Show overhead #27

Say

Three skills – Abdominal Thrusts; Rescue-Breathing; and CPR – can save lives. Every community has courses, where one can learn how to do these things.

Abdominal Thrusts are given to dislodge something blocking the windpipe and the person is choking. Symptoms of choking include clutching the throat with one or both hands, unable to speak, and high pitched wheezing.

Your Presentation Notes

Three Skills for Saving Lives

- **Abdominal thrusts** (e.g., Heimlich Maneuver)
- **Rescue-Breathing**
- **Cardio-Pulmonary Resuscitation (CPR)**

Session #5, Overhead 27

Rescue-Breathing is done when a person is not breathing on their own.

CPR is given when there is no pulse, which means the person's heart is not pumping blood.

Do

Show overhead #28

Say

Here are the things you should do when awaiting response to a **911** call.

1. STAY CALM, so that you can reassure the person and not add to fear and concern, which in and of itself is understandable but not helpful.
2. STAY WITH THE PERSON.
3. MAINTAIN AIRWAY, if necessary by tilting the head back.
4. CONTROL BLEEDING, by application of pressure, or use of a tourniquet if necessary.
5. TREAT FOR SHOCK. – Have the person lie down, loosen clothing, cover with a blanket, and seek medical attention.

Your Presentation Notes

Waiting for Response to 911

- **Stay calm!**
- **Stay with the person**
- **Maintain airway**
- **Control bleeding**
- **Treat for shock**
- **Medical history and other info available for paramedics**

Session #5, Overhead 28

6. HAVE A CURRENT MEDICAL HISTORY READY TO GIVE TO THE PARAMEDICS TO INCLUDE, AT A MINIMUM

- Name, DOB, current address, and phone#;
- Current medications;
- List of allergies;
- Insurance information (e.g., Medical card); and
- Physician's name and number

Say

These are the skills learned in the First Aid course required for all DSPs.

Say

This concludes Session #5. As one can see, the DSP has a number of responsibilities in maintaining the "health, wellness, and safety" of those served. Those responsibilities cover the gamut from personal hygiene and prevention measures, through participating in planning and providing assistance in meeting health care needs, to responding appropriately to *medical emergencies*.

Any questions related to the three Wellness sessions?

Your Presentation Notes

Homework Assignment

Your next class session is about Positive Behavior Support.

To get ready for it, you will need to complete the homework assignment at the end of your resource guide for this session (refer to the page number).

It's about looking at the place where you work and figuring out what kinds of things might influence the behavior of the people who live there.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time

Your Presentation Notes

Homework Assignment for Session #6: Positive Environment Checklist

Please complete the *Positive Environment Checklist* in the environment where you work and support people (licensed home, and/or other setting). There are some fairly easy to follow instructions on the first page of the checklist to assist you. Review each question and circle one of the answers given: YES, NO, or UNCLEAR (if the answer is hard to determine, or if it is sometimes "yes" & sometimes "no").

This tool is good to use for two main reasons:

1. By completing it, you may identify specific areas within the environment, that may need to be looked at more closely, as they may impact the behavior of the people you are supporting. DSPs and/or administration may be able to adapt or change some of these areas to improve the quality of services you provide.
2. This is a good "self-assessment" tool that you can use to grade your environment. You may find that you are already positively addressing the areas listed and can "pat yourself on the back" with the results.

Your results should be brought with you to the next session. We will discuss the following questions:

- a) what area(s) did you rate well on (circling "YES" responses).
- b) what areas did you rate "NO" or "UNCLEAR" on.
- c) of the areas rated "NO" & "UNCLEAR," what suggestions do you have to make any practical changes within the learning environment to address those needs (or, have you done so already)?

POSITIVE ENVIRONMENT CHECKLIST*

The Positive Environment Checklist (PEC) is designed for use in evaluating whether the settings in which persons with moderate to severe disabilities live, work and go to school are structured in a manner that promotes and maintains positive, adaptive behaviors. The PEC looks at whether settings provide the conditions that support positive behaviors and do not present conditions that make negative behaviors more likely. It also addresses several concerns related to the ways in which program staff support and interact with the people with disabilities in the setting.

The checklist should be used as part of a proactive, preventive approach to addressing challenging behaviors. The checklist can be used as a general tool to provide an overall assessment of a setting. Also, when a particular individual is selected, it can be used as part of a comprehensive analysis of challenging behavior(s) to determine whether environmental conditions are contributing to it.

The PEC focuses on the physical, social, and programmatic structure of the environment. Checklist questions are divided into 5 sections:

- 1) Physical Setting,
- 2) Social Setting,
- 3) Activity & Instruction,
- 4) Scheduling and Predictability, and
- 5) Communication.

Responses to questions in each area should be based on direct observation of the environment, review of written program documents and personnel. Three response options are provided for each question: **YES**, **NO**, and **UNCLEAR**. The term “staff” applies to paid and volunteer personnel who provide support and services in the setting. The term “people” refers to the people with disabilities who live, work, or attend school in the setting.

Scoring the completed PEC is simply a matter of determining which questions received a **YES** response, and which received **NO** or **UNCLEAR** responses. **NO** responses indicate areas or issues that should be addressed to create a more positive environment. **UNCLEAR** responses indicate the need for further analysis, perhaps by extended observation or by questioning a larger number of program personnel.

* *R & T Center on Community Referenced Positive Behavior Support
University of Oregon*

SECTION 1: PHYSICAL SETTING

1.	Is the physical setting clean, well lit and odor free?	YES	NO	UNCLEAR
2.	Is the temperature regulation in the setting adequate?	YES	NO	UNCLEAR
3.	Is the physical setting visually pleasant and appealing?	YES	NO	UNCLEAR
4.	Does the arrangement of the setting promote easy access for all individuals within the setting?	YES	NO	UNCLEAR
5.	Is the setting arranged in a manner that facilitates needed staff support and supervision?	YES	NO	UNCLEAR
6.	Does the setting contain or provide interesting, age-appropriate items and materials for people to use?	YES	NO	UNCLEAR
7.	Is the setting located and structured in a manner that promotes and facilitates physical integration into the "regular" community?	YES	NO	UNCLEAR

SECTION 2: SOCIAL SETTING

1.	Is the number of people in this setting appropriate for its physical size and purpose?	YES	NO	UNCLEAR
2.	Are the people who share this setting compatible in terms of age, gender and support needs?	YES	NO	UNCLEAR
3.	Do the people that share this setting get along with each other?	YES	NO	UNCLEAR
4.	Do staff actively work to develop and maintain a positive relationships with the people here?	YES	NO	UNCLEAR
5.	Do staff promote and facilitate opportunities for social integration with people who are not paid to provide service?	YES	NO	UNCLEAR

SECTION 3: ACTIVITIES AND INSTRUCTION

1.	Do people participate in a variety of different activities?	YES	NO	UNCLEAR
2.	Do people participate in activities that occur in regular community settings outside of the home, school or workplace?	YES	NO	UNCLEAR
3.	Do people in this setting receive instruction on activities and skills that are useful and meaningful to their daily lives?	YES	NO	UNCLEAR
4.	Is the instruction that people receive individualized to meet individual needs?	YES	NO	UNCLEAR
5.	Are peoples' personal preferences taken into account when determining the activities and tasks in which they participate and receive training?	YES	NO	UNCLEAR

SECTION 4: SCHEDULING AND PREDICTABILITY

1.	Is there a system or strategy used to identify what people in this setting would be doing and when?	YES	NO	UNCLEAR
2.	Is there a means to determine whether the things that should be occurring actually do occur?	YES	NO	UNCLEAR
3.	Do people in this setting have a way of knowing and predicting what they will be doing and when?	YES	NO	UNCLEAR
4.	Do staff prepare people in this setting in advance for changes in typical schedules or routines?	YES	NO	UNCLEAR
5.	Do people in this setting have opportunities to exercise choice in terms of what they will do, when, with whom & what rewards they will receive?	YES	NO	UNCLEAR

SECTION 5. COMMUNICATION

- | | | | | |
|----|---|-----|----|---------|
| 1. | Do people in this setting have "acceptable" means to communicate basic messages (e.g., requests, refusals, need for attention) to staff or others in the setting? | YES | NO | UNCLEAR |
| 2. | Do staff promote and reward communication? | YES | NO | UNCLEAR |
| 3. | Do staff have "acceptable" means to communicate basic messages to the people in this setting? | YES | NO | UNCLEAR |

If You Want to Read More About Responding to the Health Needs of the Individual

A Parent's Guide to Medical Emergencies

by Janet Zand, Rachel Walton, and Bob Roundtree (1997); Avery Publishing Group; ISBN: 0895297361

This book provides guidance for parents in meeting the emergency needs of their children.

Assessing Health Risk in Developmental Disabilities

By Karen Green McGowan & Jim McGowan (1995); McGowan Publications; ISBN: None

This book explains the rationale and use of KMG Fragility Scale.

First Aid Fast

by American Red Cross (1995); Stay Well Printer; ISBN: 0815102585

This booklet, complete with pictures and diagrams, indicates what to do in a variety of emergency situations.

Health and Wellness Reference Guide

by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998)

This is an excellent general reference for nurses and others working with direct care staff in various settings.

Health Care Protocols: A Handbook for DD Nurses

by McGowan Consultants and Smith Consultant Group; developed for the Commission on Compliance, State of Tennessee (August 1998)

This handbook contains a large number of Protocols to guide the treatment and management of various illnesses, injuries, and conditions.

Kaiser Permanente's Healthwise Handbook

by Donald W. Kemper, the Healthwise Staff, and Kaiser Permanente Physicians and Staff of Northern California (1998); Healthwise, Incorporated; ISBN: 1877930458

This handbook, distributed to members, contains a wealth of information related to self-care and when to get professional help. Part I covers Self-Care Basics, which includes using the Kaiser Permanente System, being a wise medical consumer, and prevention and early detection. Part II covers an array of health problems, including those of special interest to men, women, and children. Part III is about Staying Healthy, and covers mouth and dental problems, fitness and relaxation, nutrition, and mental wellness. Part IV, on Self-Care Resources, concludes the book.

Mayo Clinic Family Health Book

by David Larson, editor (1996); William Morrow & Company; ISBN: 0688144780

A revised edition of the popular medical reference contains updated data on more than one thousand diseases and disorders, facts on exercise and nutrition, and information about health-care options, stress management, the human life cycle, and more.

Nursing Assistants: A Basic Study Guide

by Beverly Robertson, MSC (1996); First Class Books, Inc.; ISBN: 1880246074

This Study Guide contains 16 Step-by-Step Modules and 32 Flash Cards, covering the fundamentals of being a competent Nursing Assistant in long-term care.

The [H.E.A.R.T.] Wellness Journal

by Health Concepts; developed for Alta California Regional Center (1998)

This handy, portable Wellness Journal, designed as part of a Wellness Grant from the Department of Developmental Services, can be carried by the person to meet with health care professionals. It contains personal background information, a health history, and log sheets for entries to be made. H.E.A.R.T. stands for Health Education Awareness Resource Tool. The Journal also includes a variety of resource tools, including pictorial/diagrams to assist individuals who use few if any words to communicate what they need and want.

The Merck Manual of Medical Information: Home Edition (1st Edition)

by Robert Berkow and others, editors (1997); Merck & Co.; ISBN: 0911910875

The world's best-selling medical reference is now available in every day language. Comprehensive, accurate information is offered, with contributions from more than 300 leading medical experts. 300+ illustrations.

References for this Session

A Parent's Guide to Medical Emergencies

by Janet Zand, Rachel Walton, and Bob Roundtree (1997); Avery Publishing Group; ISBN: 0895297361

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Kaiser Permanente's Healthwise Handbook

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Providing Residential Services in Community Settings

by the Michigan Department of Community Health

The [H.E.A.R.T.] Wellness Journal

by Health Concepts; developed for Alta California Regional Center (1998)

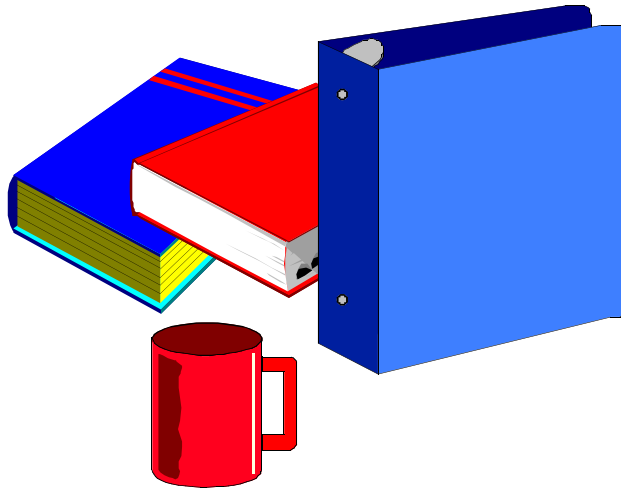
The Merck Manual of Medical Information: Home Edition (1st Edition)

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Your Presentation Notes

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #6

Positive Behavior Support

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: #6
Topic: Positive Behavior Support

Core Objectives: Upon completion of this module, the DSP should be able to:

- PBS-1 Use assessment strategies to evaluate how past, present and future events and environmental factors affect behavior.
- PBS-2 Demonstrate effective methods to teach positive replacement behaviors and support existing positive behaviors.
- PBS-3 Demonstrate ability to work as part of a team in implementing positive behavior support strategies.

Time:	<i>Review of Homework Assignment</i>	10 minutes
	<i>Key Words</i>	2 minutes
	<i>Review Questions</i>	3 minutes
	<i>Quality of Life Activity</i>	20 minutes
	<i>A Brief History</i>	10 minutes
	<i>Important Issues</i>	15 minutes
	<i>The Scatter Plot</i>	5 minutes
	<i>Things that Influence Behavior</i>	10 minutes
	BREAK	15 minutes
	<i>The A-B-C's</i>	30 minutes
	<i>Developing a Plan</i>	15 minutes
	<i>Motivation Assessment</i>	15 minutes
	<i>Teaching Replacement Behaviors</i>	20 minutes
	<i>The Language of Us and They</i>	5 minutes
	<i>Presentation of Next Homework Assignment</i>	5 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants; and
 - Flip chart paper, masking tape, markers

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction and Review of Homework Assignment

Do

Show overhead #1

Say

Welcome to Session #6, Positive Behavior Supports

Let's start off today by review the Homework Assignment. Please take a look at your Positive Environment Checklist as we discuss it. Today, we'll be talking a lot about how the environment can influence someone's behavior. This assessment tool was developed to help you look at those influences.

First, what did you find out about the physical setting you looked at?

Were there any problem areas that you noted?

Your Presentation Notes

**Session 6:
Positive Behavior Support**



Session #6, Overhead 1

Homework Assignment for Session #6: Positive Environment Checklist

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2. This is a good "self-assessment" tool that you can use to grade your environment. You may find that you are already positively addressing the areas listed and can "pat yourself on the back" with the results.

Your results should be brought with you to the next session. We will discuss the following questions:

- a) what area(s) did you rate well on (circling "YES" responses).
- b) what areas did you rate "NO" or "UNCLEAR" on.
- c) of the areas rated "NO" & "UNCLEAR," what suggestions do you have to make any practical changes within the learning environment to address those needs (or, have you done so already)?

POSITIVE ENVIRONMENT CHECKLIST*

The Positive Environment Checklist (PEC) is designed for use in evaluating whether the settings in which persons with moderate to severe disabilities live, work and go to school are structured in a manner that promotes and maintains positive, adaptive behaviors. The PEC looks at whether settings provide the conditions that support positive behaviors and do not present conditions that make negative behaviors more likely. It also addresses several concerns related to the ways in which program staff support and interact with the people with disabilities in the setting.

The checklist should be used as part of a proactive, preventive approach to addressing challenging behaviors. The checklist can be used as a general tool to provide an overall assessment of a setting. Also, when a particular individual is selected, it can be used as part of a comprehensive analysis of challenging behavior(s) to determine whether environmental conditions are contributing to it.

The PEC focuses on the physical, social, and programmatic structure of the environment. Checklist questions are divided into 5 sections:

- 1) Physical Setting,
- 2) Social Setting,
- 3) Activity & Instruction,
- 4) Scheduling and Predictability, and
- 5) Communication.

Responses to questions in each area should be based on direct observation of the environment, review of written program documents and personnel. Three response options are provided for each question: **YES**, **NO**, and **UNCLEAR**. The term "staff" applies to paid and volunteer personnel who provide support and services in the setting. The term "people" refers to the people with disabilities who live, work, or attend school in the setting.

Scoring the completed PEC is simply a matter of determining which questions received a **YES** response, and which received **NO** or **UNCLEAR** responses. **NO** responses indicate areas or issues that should be addressed to create a more positive environment. **UNCLEAR** responses indicate the need for further analysis, perhaps by extended observation or by questioning a larger number of program personnel.

* *R & T Center on Community Referenced Positive Behavior Support
University of Oregon*

SECTION 1: PHYSICAL SETTING

1.	Is the physical setting clean, well lit and odor free?	YES	NO	UNCLEAR
2.	Is the temperature regulation in the setting adequate?	YES	NO	UNCLEAR
3.	Is the physical setting visually pleasant and appealing?	YES	NO	UNCLEAR
4.	Does the arrangement of the setting promote easy access for all individuals within the setting?	YES	NO	UNCLEAR
5.	Is the setting arranged in a manner that facilitates needed staff support and supervision?	YES	NO	UNCLEAR
6.	Does the setting contain or provide interesting, age-appropriate items and materials for people to use?	YES	NO	UNCLEAR
7.	Is the setting located and structured in a manner that promotes and facilitates physical integration into the "regular" community?	YES	NO	UNCLEAR

SECTION 2: SOCIAL SETTING

1.	Is the number of people in this setting appropriate for its physical size and purpose?	YES	NO	UNCLEAR
2.	Are the people who share this setting compatible in terms of age, gender and support needs?	YES	NO	UNCLEAR
3.	Do the people that share this setting get along with each other?	YES	NO	UNCLEAR
4.	Do staff actively work to develop and maintain a positive relationships with the people here?	YES	NO	UNCLEAR
5.	Do staff promote and facilitate opportunities for social integration with people who are not paid to provide service?	YES	NO	UNCLEAR

SECTION 3: ACTIVITIES AND INSTRUCTION

1.	Do people participate in a variety of different activities?	YES	NO	UNCLEAR
2.	Do people participate in activities that occur in regular community settings outside of the home, school or workplace?	YES	NO	UNCLEAR
3.	Do people in this setting receive instruction on activities and skills that are useful and meaningful to their daily lives?	YES	NO	UNCLEAR
4.	Is the instruction that people receive individualized to meet individual needs?	YES	NO	UNCLEAR
5.	Are peoples' personal preferences taken into account when determining the activities and tasks in which they participate and receive training?	YES	NO	UNCLEAR

SECTION 4: SCHEDULING AND PREDICTABILITY

1.	Is there a system or strategy used to identify what people in this setting would be doing and when?	YES	NO	UNCLEAR
2.	Is there a means to determine whether the things that should be occurring actually do occur?	YES	NO	UNCLEAR
3.	Do people in this setting have a way of knowing and predicting what they will be doing and when?	YES	NO	UNCLEAR
4.	Do staff prepare people in this setting in advance for changes in typical schedules or routines?	YES	NO	UNCLEAR
5.	Do people in this setting have opportunities to exercise choice in terms of what they will do, when, with whom & what rewards they will receive?	YES	NO	UNCLEAR

SECTION 5: COMMUNICATION

- | | | | | |
|----|---|-----|----|---------|
| 1. | Do people in this setting have "acceptable" means to communicate basic messages (e.g., requests, refusals, need for attention) to staff or others in the setting? | YES | NO | UNCLEAR |
| 2. | Do staff promote and reward communication? | YES | NO | UNCLEAR |
| 3. | Do staff have "acceptable" means to communicate basic messages to the people in this setting? | YES | NO | UNCLEAR |

How might this affect the behavior of people who live or work there?

What did you find out about the social setting you looked at?

Were there any problem areas that you noted?

How might this affect the behavior of people who live or work there?

What did you find out about the activities and instruction you looked at?

Were there any problem areas that you noted?

How might this affect the behavior of people who live or work there?

What did you find out about scheduling and predictability?

Were there any problem areas that you noted?

How might this affect the behavior of people who live or work there?

How about communication?

Your Presentation Notes

Were there any problem areas that you noted?

How might this affect the behavior of people who live or work there?

As you can see from this brief activity, the environment can indeed influence someone's behavior.

Key Words

Do

Show overhead #2

Say

Let's look at the key words for today. (Refer to page number in resource guide.)

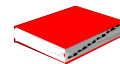
They are:

- Choice
- Antecedent (Before)
- Behavior (During)
- Consequence (After)
- Replacement Behavior
- Positive Reinforcement
- Communication

Your Presentation Notes

Key Words

- **Choice**
- **Antecedent (Before)**
- **Behavior (During)**
- **Consequence (After)**
- **Replacement Behavior**
- **Positive Reinforcement**
- **Communication**



Session #6, Overhead 2

Review Questions

Do

Show overheads #3 and #4

Say

And the review questions for today are:

- What is the basic strategy you would use with someone with a challenging behavior?
- What are some of the reasons why challenging behaviors occur?
- What are some of the things that influence behavior?
- What is the most accurate thing you can say when you observe a challenging behavior?
- What kinds of things can lead to challenging behaviors?
- Where are the best places and people to model appropriate behaviors?
- What can you do to find out more about a challenging behavior?
- Who should participate in looking at positive behavior support plans?

Say

We're going to start off this class session with an activity.

Your Presentation Notes

In-Class Review

- **What's the strategy for challenging behaviors?**
- **Why do they occur?**
- **What are things that influence behavior?**
- **What can we say about a challenging behavior?**

Session #6, Overhead 3

In-Class Review, continued

- **What can lead to a challenging behavior?**
- **Where/whom are best to model behaviors?**
- **How can you find out more about behavior?**
- **How can you evaluate a support plan?**

Session #6, Overhead 4

Quality of Life Activity

Your Presentation Notes

Preparation

The purpose of this activity is to identify things that we believe are important to the quality of our life at home, work, play and in the community and then compare them to the same areas in the lives of one or more of the individuals we support. Before this session begins, prepare four pieces of flip chart paper by placing one of the following headings at the top of each sheet: *"What I value about My Home"; "What Community Resources I enjoy"; "What I value about my Job/Work"; "What types of Recreation I enjoy/Things I do in my Free-time"*.

Ask

Participants to take a "mental break" from our discussions and take a moment to think about our own lives.

Say

Look at the first Activity: My Life Quality in your resource guide (hold up guide and refer to the page number) and focus on the first section ("My Home").

Write a list of 3 to 5 things that indicate what you value about your HOME. (Examples: I live close to my job; with my family, spouse, friends, or alone; privacy, my stuff, safe, good neighbors, good view, etc.).

Activity:
My Life Quality

My Home

Community

Allow the participants 2 – 3 minutes to do this. Observe to ensure that each participant has listed something.

Do

Use the same process for the remaining three domains, allowing 1 – 2 minutes for each section to be completed.

Do

When all four areas have been completed, refer to your labeled flip chart pages (which can be placed on a table or desk for writing convenience)

Start with the first area (My Home), and call on the first four or five participants one by one to read their list while you record their answers on the flip chart. After you have recorded their answers, ask the remainder of the group to add any of their items that haven't been previously recorded. Move on to the second area and ask the next four or five participants for their answers, and so on, for all four areas. Try to get each participant to contribute at least one item to the exercise.

Do

When the information in all four areas has been recorded, post each flip chart so they are visible to the participants.

Your Presentation Notes

Review

The answers for each area with the group by asking them the following:

Say

You have developed a list of quality indicators of what we value in OUR lives. HOW ARE THESE THINGS THAT WE VALUE REFLECTED IN THE LIVES OF THE PEOPLE WE SUPPORT?"

Ask

Participants to think about the lifestyle of at least one of the people with developmental disabilities with whom they work.

Say and Do

Go down the list on each flip chart area and ask participants how each value listed is reflected in the lives of the person(s) they support. Put a check next to the items that are the same in your life as they are in the person you are thinking about

Put a line through those items that are NOT the same for you as the person you support.

Put a question mark (?) next to the items where the answer is "maybe", or "sometimes" the same in the life of the person you support.

Ask

How are your values similar to those in the

Your Presentation Notes

lives of people you support? How are they different?

Say

It's important to remember that Quality of Life issues are among the most important things which influence behavior. If someone's life quality isn't what it could be, it can affect behavior. These are often things that we can do something about, like privacy, honoring preferences, increasing social activities, etc.

We're going to be talking about how we can support people with behavior challenges in a positive way, but first let's talk about the history of behavior support

A Brief History

Do

Show overhead #5

Say

We thought that the activities people engaged in and the places they lived, worked and played in didn't have anything to do with their behavior.

We didn't think that these things were very important. We thought that all we needed to do was to be consistent with our behavior

Your Presentation Notes

Some History

- **In the past:**
 - Activities not related to behavior
 - Relied on rewards and punishment
- **"Your behaviors and skills have to improve first, before you can do these things"**

Session #6, Overhead 5

plans by providing the same consequence every time. We didn't really pay much attention to people's "Quality of Life": the environments in which they lived, worked and played, what activities they engaged in and with whom they spend time. We now know that these things have a great deal to do with people's behavior.

For example: When we put kids that can't talk very well into a class with other kids that can't talk, they learn better "not to talk."

When we put kids with challenging behaviors into a class with other kids who also have challenging behaviors, what do you think that they learn? (More challenging behaviors!)

When we put kids with autism in classes with other kids with autism, they learn how to act more autistic, and so on.

Every person who can breathe, can imitate and learn behavior from the other people they are around.

Behavior plans relied almost entirely on consequences; like rewards and punishment. Our support plans told us what to do AFTER the behavior happened. We weren't taught to try and figure out why a behavior occurred; only whether to reward it or to punish it. Behavior support plans used to sound like this: "When Carlos sits quietly, staff will reinforce him by praising him",

Your Presentation Notes

Some History

- **In the past:**
 - **Activities not related to behavior**
 - **Relied on rewards and punishment**
- **"Your behaviors and skills have to improve first, before you can do these things"**

Session #6, Overhead 5

and: "When Carlos whines, staff will ignore him, or tell him to go to his room". We didn't used to think that **why** Carlos whined was important.

Now, we try to understand WHY Carlos is whining and teach him another way (a new skill) to get his needs met as an alternative to "whining".

We made people with disabilities "earn" the right to go to a regular school, have a real job, and to live in their own home. We told people with severe disabilities and their families, "Your behaviors and skills have to improve first, before you can do these things".

Research has shown that people's behaviors are better when we provide the best environmental matches (regular education classrooms, real work settings, etc.) and then identify and provide the supports necessary for the persons success. When we place people in segregated environments (with other people with severe disabilities) where they have no appropriate behavioral models to learn from, their behaviors are less likely to improve. People have different behavioral motivations in different environments. We have found that it is normal to act "retarded" in an environment where the majority of people in that environment have severe

Your Presentation Notes

Some History

- **In the past:**
 - Activities not related to behavior
 - Relied on rewards and punishment
- **"Your behaviors and skills have to improve first, before you can do these things"**

Session #6, Overhead 5

disabilities (because the majority of people in that environment act that way).

Do

Show overheads #6

Say

We've learned a lot about Positive Behavior Support over the past few years

First, **environments** have a lot to do with behavioral, social and communication development. What people are doing, where, and with whom they spend time have a lot to do with their behavior.

ALL behavior has a COMMUNICATIVE purpose. ALL behavior is communication. By "listening" to what the behavior is saying, we can discover the reason why the behavior is happening.

Behaviors don't happen without reason and behaviors don't happen just to make us mad. Behaviors are communication strategies that people use to express their wants, needs and feelings, and to get their needs met. It becomes our job, as professionals, to be detectives and try to figure out WHAT the persons behavior is communicating, or saying to us. WHY is the person behaving that way? We should be able to predict when, where and with whom the behaviors are most and

Your Presentation Notes

What We Have Learned

- **What people are doing, where, and with whom are important**
- **All behavior is communication**
- **Behaviors are strategies used to get needs met**
- **Identify "triggers" that set off behavior**

Session #6, Overhead 6

least likely to occur when we start looking closely at these areas.

Behaviors are strategies people use to get their needs met. Part of our job is to figure out which social/communicative behaviors currently “work” best for the person. People use the strategies they have learned over time that work best for them. To illustrate this concept, try to use an example like this:

Do

Choose 2 participants, at least one of whom has fairly long hair and enact the following scenario:

Describe yourself as a person with a developmental disability, who doesn't talk very well, who is working on a job or chore with another person who has a disability (the person with long hair).

The remaining participant will be your Direct Support Professional (DSP). Stand close to the person with long hair and say

“I have trouble communicating my need for help or assistance, so when I really need help from my support staff, I just pull on (the name of the person next to you with long hair)'s hair until they scream. When they

Your Presentation Notes

scream, the DSP rushes over to help me out within 5 seconds every time. She/he helps me by separating us, calming me down and then asking me if I need help. This makes me feel better once my needs have been addressed. However, after about a week or so of me doing this behavior, the DSP starts to figure out that I seem to be doing this (pulling hair) in order to get their help and attention. The DSP wants me to communicate in another way instead of pulling hair. The DSP decides to help by giving me a NEW strategy to get help and attention to replace the hair pulling. The DSP knows that I don't talk very well, so they teach me to "raise my hand" when I need help or assistance. For about a week after they teach me this alternative response, it works. I raise my hand and the DSP comes over to help me within 5 seconds every time. After a couple of weeks, however, I learn that sometimes when I raise my hand the DSP has their back turned away from me and can't see me, or they tell me to "wait a minute".

So, I'm still working next to (the person with long hair) and I need help, so I raise my hand.

START COUNTING OUT LOUD WITH YOUR HAND IN THE AIR, "ONE SECOND, TWO SECONDS, THREE

Your Presentation Notes

SECONDS, FOUR SECONDS..." THEN LOOK DOWN AT THE PARTICIPANT WITH LONG HAIR AND SAY "THEN I YANK ON HIS/HER HAIR."

At this point

Ask

The rest of the participants:

From the learners perspective, which behavior works best? (pulling hair or raising their hand).

The best strategy is the one that works the best. IT BECOMES OUR JOB TO HELP IDENTIFY AND TEACH THE PERSON A NEW, ALTERNATIVE STRATEGY **THAT WORKS JUST AS WELL AS THE CHALLENGING BEHAVIOR**, otherwise they will have little motivation to "give up" the challenging behavior they are using.

We should try to "**Smooth the fit**" between a person and his or her environment by identifying "triggers" in the environment that set the behavior off, and then removing those "triggers" as much as possible. We also need to identify each persons learning style. Does the person learn best by what they hear (auditory); by what they see (visual); or by actually doing the activity (kinesthetic/motor).

Your Presentation Notes

Ask

Participants to identify some of the “triggers” in the lives of the people they support (examples are usually things, demands or people that “set them off” or trigger the target behavior to occur.

To help explain individual learning styles and learning “modalities”, ask participants to think about their learning styles.

Do

Show overhead #7

Ask

How many think that they are better “auditory learners” (who learn best by what they hear, such as a straight lecture in a college class. Then ask how many think they are better “visual learners” (who learn best by what they see).

Finally, how many believe that they are better “kinesthetic-motor learners” who learn best by actually DOING. It is often common to have strengths in more than one area as well; for example, individuals with autism often tend to be better “visual-motor” learners who learn best by both seeing and doing.

Say

You notice that very few people identified themselves to be best at *auditory learning*.

Your Presentation Notes

What We Have Learned, continued

- **Identify learning styles**
 - what we hear (auditory); by what we see (visual); or by actually doing the activity (kinesthetic/motor)
- **Focus on TEACHING replacement behaviors and skills, instead of trying to “get rid of challenging behaviors”**

Session #6, Overhead 7

Yet, how do we, as DSPs, tend to give feedback and instructions to the people we support?

Pause

Do

Help participants to correctly identify *verbally*.

Say

Remember, that as teachers and DSP's, we most often tend to give information to the people we support verbally (by talking, giving verbal requests, etc.), when that may not be the best way that they learn new information.

We should focus on TEACHING

replacement behaviors and skills as an alternative to a challenging behavior, instead of trying to "get rid of the challenging behaviors". We must get into the habit of thinking about what we want to teach people to do **INSTEAD** of the challenging behavior, instead of simply trying to eliminate it. When we try to get rid of problem behaviors without addressing what need that behavior is serving, the person will generally come up with a new behavior to take its place, and often times the new behavior is just as bad or worse than the old one. When we teach people replacement skills that are more socially appropriate and that still "work" for the person to get their needs met,

Your Presentation Notes

What We Have Learned, continued

- **Identify learning styles**
 - what we hear (auditory); by what we see (visual); or by actually doing the activity (kinesthetic/motor)
- **Focus on TEACHING replacement behaviors and skills, instead of trying to "get rid of challenging behaviors"**

Session #6, Overhead 7

the need to use the old, "challenging" behavior no longer exists.

Replacement skills can include communication & social skills, recreation & leisure skills, coping strategies & relaxation skills, etc. Our goals should focus on teaching new skills, especially skills that serve the same purpose as the challenging behavior.

Important Issues

Do

Show overhead #8

Say

Participation Are there opportunities for participation (even if only partially) in a variety of community and social activities? Emphasize that the people we support should not be excluded from activities simply because they lack certain skills to be able to participate in the entire activity; we should promote opportunities to participate, even if only partially, in a variety of typical activities in a variety of places with a variety of people. Improved participation can help introduce people to new activities as well as lead to improved behavioral development.

Your Presentation Notes

Important Issues

- Participation
- Friendship
- Relationships
- Interdependence
- Independence
- Meaningful activities
- Motivation
- Choice
- Respect



Mesaros & Shepard, revised 1999

Session #6, Overhead 8

Friendship How many friends does the person have? Are there lots of opportunities to interact with and meet people (including people without disabilities who are not staff)? It is very exciting that (finally) researchers in the field are recognizing how important friendships are in the lives of the people we support. Are we providing opportunities for the people we support to meet and spend time with a variety of people other than family members, staff, or other people with severe disabilities?

Relationships What opportunities do people have to be “givers” in a relationship? How are people recognized for their individual gifts and talents? Whenever we define our relationships with people by saying “I’m staff, and you’re the client”, we are in effect saying that “I’m up here, you’re down there”, and “I’ve got something that you need”.

This type of relationship doesn’t allow us to recognize people’s unique gifts, talents and competencies. Ways that people can be givers can include supporting them to develop careers (by engaging in paid or volunteer work), recognizing times and situations where they support you, etc.

Interdependence How are we supporting people to get connected within their communities? What types of natural supports exist in people’s lives?

Your Presentation Notes

Important Issues

- Participation
- Friendship
- Relationships
- Interdependence
- Independence
- Meaningful activities
- Motivation
- Choice
- Respect



Mesaros & Shepard, revised 1999

Session #6, Overhead 8

How are we assisting people to get connected within their communities (YMCA's, community colleges, support groups, social groups, gyms, sports leagues, churches & temples, etc.)

Independence What skills are people learning; are they able to have some personal privacy, especially at home?

Meaningful activities Are people provided with purposeful activities in meaningful (real) situations? We shouldn't be asking people to do "busy work" that has no real reason or purpose.

Giving people tasks like sorting colored chips, putting together nuts & bolts, or putting pegs in a peg board don't have any meaning or value. Alternatives can include sorting colored socks & other laundry items, teaching people to use a vending machine, shopping for food items and preparing meals, etc.

Motivation Are the activities people engage in motivating & interesting to them? Are we "catching" people when they are doing well at something? Are we giving feedback when we see positive behaviors?

Choice How much choice do people have throughout their lives? Do people have choices from **preferred options** that they understand? Do people have choice about

Your Presentation Notes

Important Issues

- Participation
- Friendship
- Relationships
- Interdependence
- Independence
- Meaningful activities
- Motivation
- Choice
- Respect



Mesaros & Shepard, revised 1999

Session #6, Overhead 8

when they perform necessary activities (like chores, laundry, etc.). How much are people involved in planning their days, evenings & weekends? How do people communicate their choices, and how are their choices respected?

Respect How are people's routines and choices respected? How well do we listen to the people we support? Do people feel like they are living in their own homes or in a facility that is programmed and planned by us?

Say

After the break, we'll start talking about other ways to look at behaviors as well as the things that happen during and after a behavior.

Do

Show overhead #9

Say

First, let spend a few minutes talking about the A – B – C 's of behavior. Here is a simple tool that help's us to be aware of patterns in behavior(s) over time. It's called an A – B – C sheet.

The "A" section stands for Antecedents, or what happens right BEFORE the behavior happens. This is where you would write

Your Presentation Notes

Important Issues

- Participation
- Friendship
- Relationships
- Interdependence
- Independence
- Meaningful activities
- Motivation
- Choice
- Respect



Mesaros & Shepard, revised 1999

Session #6, Overhead 8

ANTECEDENT	BEHAVIOR	CONSEQUENCE
What happens BEFORE the behavior	What happened DURING the situation	What happened AFTER the behavior
Time of day, location or environment, who was around, what was happening, task or activity, etc.	Describe the behavior	What was the response from people or the environment; what did others say or do; other consequences

Session #6, Overhead 9

things like time of day, the place it happened, what people are around, the activity going on (what the person was doing at the time) and any other things that you noticed which may have "triggered" the behavior.

The "B" section stands for the Behavior . In this section, write down what happened DURING the behavior.

The "C" section stands for Consequences, or what happened AFTER the behavior. Here is where you should record how people (staff & peers) responded/what people did after the behavior, and any other consequences or outcomes that came after the behavior.

Recording this information on an "A-B-C" sheet of paper like this will help you to find patterns in antecedents & consequences which will help you to better understand WHY the behavior happens. When we look at antecedents, we can find out when behaviors are more and less likely to occur, where behaviors are more and less likely to occur, with whom behaviors are more and less likely to occur and during which activities behaviors are more and less likely to occur. One of the basic principles of behavior is that when a behavior occurs on a regular basis, it is being reinforced by either getting something the person wants (like attention, a preferred activity or tangible thing like food,

Your Presentation Notes

ANTECEDENT	BEHAVIOR	CONSEQUENCE
<i>What happens BEFORE the behavior</i>	<i>What happened DURING the situation</i>	<i>What happened AFTER the behavior</i>
Time of day, location or environment, who was around, what was happening, task or activity, etc.	Describe the behavior	What was the response from people or the environment; what did others say or do; other consequences

Session #6, Overhead 9

money, etc.), or avoiding something (like an activity/person/ thing/place that the person doesn't like). When we look at the consequences, we can hopefully find out what is maintaining, or reinforcing the persons behavior over time, (what is the person consistently getting or avoiding?)

This is one of the most helpful tools we can use to understand why behavior(s) are happening.

It's is a good way to identify patterns in behavior. This A-B-C worksheet focuses on antecedents and consequences to the behavior over time.

This tool should be one of the first ones to be used when we are faced with a challenging behavior.

Say

Now, let's talk about the things that can happen before a behavior and that will influence it. These are called antecedents.

Do

Show overhead #10 and #11

Say

Antecedent situations occurring **before** the behavior include:

Your Presentation Notes

ANTECEDENT	BEHAVIOR	CONSEQUENCE
What happens BEFORE the behavior Time of day, location or environment, who was around, what was happening, task or activity, etc.	What happened DURING the situation Describe the behavior	What happened AFTER the behavior What was the response from people or the environment; what did others say or do; other consequences

Session #6, Overhead 9

Things that Influence Behavior

Antecedents (before)

- Personal expectations
- Expectations of others
- Nature of materials
- Nature of activity
- Instructions given
- Other people present
- Behavior of others

Session #6, Overhead 10

Personal expectations are the expectations the person has about the environment, what will be happening to him/her and how predictable these events are, for example, when are meals usually served.

Expectations of others concerning the person; what others assume they can or can't do. For example, I know if we try to go to an action movie, Jack will throw a fit. People often live up, or DOWN to the expectations that others have of them. If we expect a person to display behavior challenges, they probably will!

Nature of materials that are available to the person. What is their reinforcement value, are they meaningful, for example, someone likes rock and roll music, but only country western is available.

Nature of the activity in which the person is engaged. How difficult is the activity for the individual? Is it something that the person likes or prefers? Is the activity functional and age appropriate?

Nature of the instructions given to the individual refers to how clear and simply are instructions given; are they given verbally, visually (pictures, written cues, modeling, showing the student, etc.), through signed information, or other?

Your Presentation Notes

Things that Influence Behavior

Antecedents (before)

- Personal expectations
- Expectations of others
- Nature of materials
- Nature of activity
- Instructions given
- Other people present
- Behavior of others

Session #6, Overhead 10

Number of people present in the environment?

Behavior of other people present can have a big influence on behavior, both good & bad.

Environmental pollutants include noise, crowding, temperatures, lighting, etc.

Time of day when behaviors occur or when they don't occur; you can use a "Scatter Plot" to help find patterns in behaviors (e.g., when are behaviors most and least likely to occur?). We'll talk more about this in a minute.

Person's physiological state such things as hunger, medication, seizures, pain, medical issues, lack of sleep, etc.

Length of activity is the amount of time it takes to complete an activity (especially an activity the person doesn't like) can have a big influence on behavior. Sometimes, breaking down an activity into smaller parts can help.

Sudden change in routine can act as a "trigger" for behaviors to occur.

Predictability means that person has a way of knowing what they will be doing, and when, and with whom.

Your Presentation Notes

More Things that Influence Behavior

Antecedents (before)

- Environmental pollutants
- Time of day
- Physiological state
- Length of activity
- Sudden changes in routine
- Predictability

Session #6, Overhead 11

Say

Throughout the session, we will be talking about some ways to look at behavior.

Let's start with one called the Scatter Plot. It might sound technical, but it's really quite easy.

Do

Show overhead #12

Say

The Scatter Plot is a simple, easy to use tool that takes very little time and effort to complete. It was developed by Dr. Paul Tochette from U.C. Irvine.

You might want to look at the copy in your resource guide (refer to page number).

It has squares representing 30 minute intervals from 6 am through 10 p.m. for an entire month.

You ask the person(s) recording the data to place an "X" in the square that corresponds to the time and date when a behavior occurs.

After the data has been recorded for three to four weeks, you can use the scatter plot to identify patterns in behavior over time.

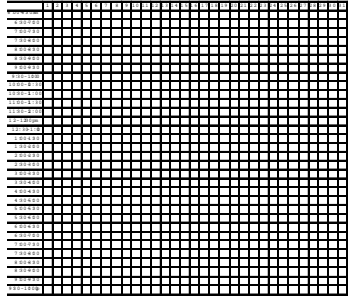
Your Presentation Notes

Scatter Plot

Name: _____ Month/year: _____

Behavior Definition: _____

☐ Behavior did NOT occur ☐ Behavior DID occur ☐ Behavior occurred 3x or more



Session #6, Overhead 12

What you want to do is identify when the behavior is MORE LIKELY to occur, and then match those times and days to the activities, environments, task demands, people and other events that may be “triggering” the behavior to occur.

It is also important to look for times when the behavior is LEAST LIKELY to occur, so you can find out what things are “working” in the persons life.

Some behaviors that a Scatter Plot has been useful with include: tantrums, toileting accidents, times someone rips clothes, breaks things, or hits things, and so on.

The Scatter Plot is not as useful with very high frequency behaviors. For example, any behavior which occurs an average of 10 or more times an hour.

Do

Show overhead #13

Say

Let's look at a scatter plot about Dennis (refer to the page number in the resource guide)

The behavior is taking clothes off in public.

This data was not collected on the weekends, which is why there are no “X’s” in the two

Your Presentation Notes

[illegible]

Scatter Plot

Name: Demela Bockman Month/year: 3/99

Behavior Definition: Taking clothes off in public

☐ Behavior did **NE** occur ☒ Behavior **DID** occur ☐ Behave occurred 3x or more

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Teacher's Resource Guide - Session #6: Positive Behavior Support

Scatter Plot

Name: Dennis Bockman Month/year: 3/99

Behavior Definition: Taking clothes off in public

☐ Behavior did NOT occur ☐ Behavior DID occur ☒ Behavior occurred 3x or more

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9:00-9:30			X	X	X			X	X	X	X	X			X	X	X		X			X	X	X	X	X			X	X	
9:30-10:00					X							X																		X	
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The A-B-Cs

Say

We're going to start off this half of the class with an activity.

Do

Split up the group of participants into small teams of two to four persons.

Ask

Each team to read the A-B-C scenario for either Annette or Franco (split the teams so that half are working on one and half on the other).

Ask each team to identify and record the behaviors one at a time, and the antecedent and consequence events that occurred before and after each behavior using the A-B-C worksheet in their resource guide.

Remind participants that the A-B-C tool is meant to help identify **patterns** in both antecedent and consequence events surrounding a particular behavior.

Ask each team to answer the questions provided at the bottom of their scenarios after completing the A-B-C.

Tell the members of each group that they are now high paid behavior consultants making \$100 per hour and that their job is to answer

Your Presentation Notes

the questions as a group and present their "high priced" support strategies to the support team that assists Francis and Annette.

Do

Circulate around the room to see how the teams are doing and see that they are on the right track.

Give them about 10 to 15 minutes to work on this.

Ask

Each team to report back to the large group.

Focus on one scenario at a time

Ask for one example of an antecedent, behavior and consequence from each team

After getting an A-B-C example from each team on one scenario, ask them to share their answers to the questions.

Be sure to allow each team to participate (for example; have one team answer the first question, then switch teams for the next question).

Follow the same procedure for the other scenario

Try to keep this sharing at 10 to 15 minutes maximum.

Your Presentation Notes

Activity: A-B-C Scenario #1

Directions: After you have broken into groups, read the following observations of Annette. When you are finished reading, use the A-B-C list on the following page to describe what you read. In the **Antecedent** section, write down the antecedent events which happened **before** (that preceded) Annette's behavior. In the **Behavior** section, write down Annette's actual **behavior** (what did she say or do?). In the **Consequence** section, write down the consequences which happened **after** the behaviors occurred (what did other people say or do?).

Annette

Father is late for work and he is rushing Annette to her bus which takes her to her day program. Annette says, "Nobody likes Annette." Her father stops and says, "Of course we like you; you're a good girl", and kisses Annette on the cheek as she gets on the bus.

Annette and some of her classmates go to the grocery store with a staff person. Annette has finished her shopping and approaches the staff person. She tells Annette, "Go look at some magazines until everyone else is finished shopping." Annette replies, "Everyone hates Annette; she's no good." The staff member says, "Stop it, Annette, or you'll have to go to the van." Annette continues to say negative statements about herself and the staff member ignores her.

Annette is sitting with some other students at school in the cafeteria. All the students are talking with each other for several minutes except for Annette. All of a sudden, Annette says, "Annette's bad." One of the students says, "It's okay, Annette, you're all right"; while another student says, "Just ignore her. She's always saying stuff like that."

Questions to discuss:

1. What are some **antecedent** patterns you noticed? What are some **consequence** patterns you noticed?
2. What are some consequences that may be maintaining her behavior?
3. What do you think Annette is getting or avoiding through her behavior?
4. Using a positive approach, what strategies would you suggest to her support team?

ANTECEDENT

What happens **BEFORE** behavior

Activity: A-B-C Scenario #2

Directions: After you have broken into groups, read the following observations of Franco. When you are finished reading, use the A-B-C list on the following page to describe what you read. In the **Antecedent** section, write down the antecedent events which happened **before** (that preceded) Franco's behavior. In the **Behavior** section, write down Franco's actual **behavior** (what did he say or do?). In the **Consequence** section, write down the consequences which happened **after** the behaviors occurred (what did other people say or do?).

Franco

Franco is at home helping with dinner. His DSP asks him to stir the stew in the kitchen. Franco picks up the ladle and stirs three times in a circular motion and then stops. The DSP comes back in the kitchen and says again, "Franco, stir the stew." Franco whines and stirs three more circular motions before stopping. The DSP looks up and says, "Franco, I told you to keep stirring!" Franco responds by hitting himself repeatedly in the face. The DSP tells Franco to go to his room. Franco stops hitting himself and goes to his room.

Questions for your team to discuss:

1. What are some **antecedent** patterns you noticed? What are some **consequence** patterns you noticed?
2. Why do you think Franco behaved in this way?
3. What could Franco's behaviors of whining and then hitting himself be communicating?
4. What are some suggestions you would make to the DSP and the support team assisting Franco? What could they do differently when attempting to encourage Franco to participate in similar tasks?

<u>ANTECEDENT</u> <i>What happens BEFORE the behavior</i> Time of day, location or environment, who was around, what was happening, task or activity, etc.	<u>BEHAVIOR</u> <i>What happened DURING the situation</i> Describe the behavior	<u>CONSEQUENCE</u> <i>What happened AFTER the behavior</i> What was the response from people or the environment; what did others say or do; other consequences

When you are reviewing the answers to the questions, try to solicit the following information:

Annette: Her “negative self-statements” may be a way of saying “I want to be included”, or “I want to be noticed and participate”. We do NOT want to ignore her communication. We want to support ideas for replacement communication skills and strategies to teach Annette to use as an appropriate alternative to the negative self-statements. We want to remind the participants that indeed, the behavior is attention seeking, but we want to give her a new, more appropriate way to get attention, and not simply ignore her attempts to communicate.

Franco: Franco’s whining and escalation to hitting himself may be his attempts of saying “I don’t understand what you want me to do”, or “I’m frustrated with this”. In fact, from Franco’s perspective, he has actually done what he was requested to do (stirring), and doesn’t understand that the stew may burn if not CONTINUALLY stirred. We want to give Franco a new way to communicate his frustration. Perhaps by asking, signing, or pointing to a picture to indicate that he wants a “break” from this activity. As DSP’s, we also need to identify Franco’s learning style and his signs for “help” better, so we can avoid further escalation.

Your Presentation Notes

Say

We've talked about several ways to look at behavior, let's talk about all of the information you would need to develop a positive behavior support plan

Do

Show overhead #14

Information you would need to collect in order to develop a plan would be:

1. First, identify "Quality of Life" areas which may be lacking and contributing to behavior challenges. Figure out how to improve these areas in the persons life (examples.: adding more opportunities for choice & variety, suggesting meaningful activities based on preferences, using a more person centered planning process, etc.).
2. Identify and define the challenging behavior(s) by determining the frequency and duration or intensity of the behavior. You can use a scatter plot to look at how long the behavior lasts and when it occurs.
3. Identify the antecedents (behavioral "triggers" and other factors) that are present immediately BEFORE the challenging behavior occurs), including

Your Presentation Notes

Developing a Plan

It is important to identify:

- Quality of Life issues
- Challenging behavior(s)
- Antecedents
- Other events
- Consequences
- Learning characteristics
- Possible reasons
- Replacement behaviors or skills

Session #6, Overhead 14

medical variables, activity, environment, people present, time of day, etc. You can use the A-B-C observation data, the scatter plot, or the positive behavior support worksheet questions which we will be talking about in a few minutes.

4. Identify other events including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior. Again, the **A-B-C** observation data, Scatter Plot, and worksheet can help.
5. Identify the consequences that happen **AFTER** the behavior which may be reinforcing (maintaining) the challenging behavior(s). Remember, the reason that “challenging” behavior exists, is because it is being reinforced by something. We want to find out what people are “getting or avoiding” through their challenging behaviors and give them a more appropriate strategy or skill to use that will still allow them to get their needs met.
6. Identify “learning characteristics” of the person, so we know how the person learns best. We need to match our teaching style to match the persons learning style when we teach new skills and replacement behaviors.

Your Presentation Notes

Developing a Plan

It is important to identify:

- **Quality of Life issues**
- **Challenging behavior(s)**
- **Antecedents**
- **Other events**
- **Consequences**
- **Learning characteristics**
- **Possible reasons**
- **Replacement behaviors or skills**

Session #6, Overhead 14

Here, we are looking at teaching to people's strengths. If a person learns best by what they see, then we should maximize our use of gestures, modeling and visual cues like pictures and objects. If a person learns best by actually "doing" an activity, we want to promote opportunities for participation in healthy routines to help the person acquire new skills and behaviors to replace the challenging routines and behaviors.

7. Identify possible reasons for the problem behavior. What is the person getting or avoiding through their behavior? Review your assessment information and the results from a Motivation Assessment Scale (which we will look out later) to help you develop a hypothesis or "best guess" as to WHY the behavior is happening and WHAT the behavior is saying). Is it related to medical issues like pain, allergies, hunger, etc., or is the behavior a communication of frustration or energy release?
8. Identify REPLACEMENT behaviors or skills:
 - a) That allow the person to get their needs met in a more socially appropriate way, and

Your Presentation Notes

- b) That will “work” just as well as the challenging behavior.

Do

Show overheads #15 and #16

Say

The Positive Behavior Support Worksheet (refer to page number in the resource guide) is a good way to develop a plan after you have collected the information you need through observation using the scatter plot and the A-B-C worksheet.

As you can see, it provides you with an outline of the information needed to develop a plan

Briefly review some of the major elements of the plan.

Behavioral Motivation

Preparation

This is a warm-up activity for talking about the Motivation Assessment Scale. We want the participants to recognize that it is important to validate the persons “need” that is being met through the behavior they are using. The needs people have (to escape, get social attention, get tangible consequences,

Your Presentation Notes

Positive Behavior Support – Simple Worksheet (Scott Shepard; Adapted from Research & Training Center)

1. Provide a brief description of the focus person, their living situation, school or work situation and typical community involvement.
2. Describe the problem issue(s) and/or challenging behavior(s) in measurable terms. Include data on the frequency & intensity (how often & how long does it happen).
3. Describe assessment tools that were used to document the frequency and intensity of the challenging behavior across different environments. (Scatter plot, A-B-C, Motivation Assessment Scale, Functional Analysis Data Summary, etc.).
4. List the patterns in the BEFORE (Antecedent) and AFTER (Consequence) conditions that were identified by the team through your assessments. (When is behavior most & least likely to occur? Where is behavior most & least likely to occur? With Whom is the behavior most & least likely to occur, during What activities is behavior most & least likely to occur, what Consequences are reinforcing or maintaining the challenging behavior?)
When most likely: _____
When least likely: _____
Where most likely: _____
Where least likely: _____
With whom most likely: _____
With whom least likely: _____
What activities most likely: _____
What activities least likely: _____
Consequences maintaining behavior: _____
Medical/medication influences: _____

Session #6, Overhead 15

5. Give your hypothesis of the function(s) of the challenging behavior(s).
Hypothesis:

How was the hypothesis tested/supported?

Support Strategies

6. What replacement behavior/skills did you identify to **TEACH** as positive alternatives to replace the challenging behavior?

Communication Skills:

Social Skills & assertiveness skills:

Coping strategies & relaxation skills:

Other replacement behaviors/skills:

7. Antecedent change strategies:

8. Consequence manipulations:

9. QUALITY OF LIFE/LIFE ENHANCEMENT Changes:

10. What are your future hopes & dreams for the individual?

11. What are existing “barriers” that you need assistance with?

What are the next steps in supporting this person???

Session #6, Overhead 16

Positive Behavior Support – Simple Worksheet

(Scott Shepard; Adapted from Research & Training Center)

1. Provide a brief description of the focus person, their living situation, school or work situation and typical community involvement.
2. Describe the problem issue(s) and/or challenging behavior(s) in measurable terms. Include data on the frequency & intensity (how often & how long does it happen).
3. Describe assessment tools that were used to document the frequency and intensity of the challenging behavior across different environments. (Scatter plot, A-B-C, Motivation Assessment Scale, Functional Analysis Data Summary, etc.).
4. List the patterns in the **BEFORE** (Antecedent) and **AFTER** (Consequence) conditions that were identified by the team through your assessments. (**When** is behavior most & least likely to occur; **Where** is behavior most & least likely to occur; **With Whom** is the behavior most & least likely to occur; during **What activities** is behavior most & least likely to occur; what **Consequences** are reinforcing or maintaining the challenging behavior?)

When most likely: _____

When least likely: _____

Where most likely: _____

Where least likely: _____

With whom most likely: _____

With whom least likely: _____

What activities most likely: _____

What activities least likely: _____

Consequences maintaining behavior: _____

Medical/medication influences: _____

Teacher's Resource Guide - Session #6: Positive Behavior Support

5. Give your hypothesis of the function(s) of the challenging behavior(s).

Hypothesis:

How was the hypothesis tested/supported:

Support Strategies

6. What **replacement** behaviors/skills did you identify to **TEACH** as positive alternatives to replace the challenging behavior?

Communication Skills:

Social Skills & assertiveness skills:

Coping strategies & relaxation skills:

Other replacement behaviors/skills:

7. Antecedent change strategies:

8. Consequence manipulations:

9. QUALITY OF LIFE/LIFE ENHANCEMENT Changes:

10. What are your future hopes & dreams for the individual?

11. What are existing "barriers" that you need assistance with?

What are the next steps in supporting this person???

getting our sensory needs met and/or expressed) are normal.

On a piece of flip chart paper, write the letter S, E, A T down the left-hand side (leaving some space between each letter).

S

E

A

T

Ask

What motivates us to behave in certain ways?

See if participants can come up with answers that fall into any of the four categories listed below.

Say

Although there are hundreds of reasons why people behave the way they do, for the purpose of this exercise we will group our motivations into four general areas.

Now, spell out the rest of the letters to make the following words: Sensory, Escape, Social Attention and Tangible.

Your Presentation Notes

Ask

The group to give examples of behaviors they use to get their needs met in each of these areas and write them on the chart.

Give some examples of your own as well.

For SENSORY, ask the group, "What SENSORY behaviors do we engage in that allow us to feel good?" Answers might include: Listening to music, smelling cologne, smoking cigarettes, eating, playing sports or working out, intimate things we do with others, etc.

For ESCAPE, ask the group what they could do if they didn't want to listen to what you were saying at this moment. Answers might include: leave the room, daydream, fall asleep, doodle, read a book, talk to someone, etc.

For ATTENTION, ask the group what they do when they want attention from someone. Answers could include: Starting a conversation, tapping someone on the shoulder, the way we dress (dressing up/ getting our hair done), etc. Ask if anyone gets attention by whining..., or pouting..., or by yelling or slamming things.

For TANGIBLE CONSEQUENCES, ask the group what kinds of tangible consequences really work for them?

Your Presentation Notes

Answers might include: our jobs (to get a paycheck); a favorite magazine or book; other preferred items . . .

Ask

The group if it is O.K. for us to engage in behaviors that allow us to get our needs met in each of these areas.

For example, "Is it O.K. to engage in behaviors that allow us to feel good (Sensory)?" (We want the group to agree that, YES, it is O.K.).

Ask if it's O.K. for us to engage in behaviors that allow us to escape or avoid things that are frustrating or irritating to us (like using the ATM to avoid the long lines at the bank, or balancing a checkbook, or reading a magazine while we have to "wait" in a doctor's office, or declining a request . . .

And, is it O.K. for us to get attention when we feel that we need it? (Most people will agree that it is O.K., as long as we do so in appropriate ways). The same for Tangible things.

Once the majority of participants seem to agree that it is O.K. for us to engage in behaviors that allow us to get our needs met in these areas.

Your Presentation Notes

Ask

The group this question:

"If it is O.K. for us to get our needs met in these areas, then is it O.K. for the people we support to get their needs met in these areas?"

Go down the list, one by one and ask the group what they think.

We want to get the group to see that it IS O.K. for the people we support to get their needs met in these areas as well. So what is the difference between the people we support and ourselves?

There is NO DIFFERENCE in our needs; but there is a difference in the tools, the strategies, or the BEHAVIORS we are using to get our needs met. Some of the strategies used by the people we support use may be socially inappropriate for the situation, or it may not be the right time and place for the behaviors they are using.

Say

If our needs are the same (and they are), then the answer becomes: Teaching people new behavioral strategies to get their needs met that are more socially appropriate for the situation.

Your Presentation Notes

Say

Before we look at a tool that will help you figure out the motivations behind a behavior, let's dispel a myth

The myth is that all people with challenging behaviors are just trying to get attention!

In fact, the same behavior may be used several different ways. For example, aggression can be used to get attention one time and to escape something a person doesn't like at another time.

Research is showing that people engage in challenging behavior just to get attention only about 25% of the time, with the other areas (tangible rewards, etc.) for the remaining 75% of the time.

Say

Now, let's take a look at the Motivation Assessment Scale developed by V. Mark Durand.

Your Presentation Notes

Do

Show overheads #17, #18, #19

Say

The Motivation Assessment Scale (refer to the page number in the resource guide) is a questionnaire designed to identify those situations in which a person is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate rewards and support strategies.

Once you have identified the behavior to be described, read each question carefully and circle the one number which best describes your observations of this behavior. You can complete this individually, or as a team.

Review the instructions and read some of the questions. Next, review the page on how to score the Motivation Assessment Scale (refer to the page number in the *Resource Guide*).

Say

Once you have scored the assessment, a total over 10 in any area (sensory, escape, social attention, or tangible consequence) is worth considering as a possible motivator for that behavior.

Optional Activity

If you have time (about 20 minutes),

Your Presentation Notes

Motivation Assessment Scale

Name: _____ Date: _____

Behavior Description: _____

Instructions: The Motivation Assessment Scale is a questionnaire designed to identify those situations in which a person is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reward and treatment. It is important that you identify the behavior of interest *VERY SPECIFICALLY*. **Aggressive**, for example, is not as good a description as **hits others**. Once you have specified the behavior to be rated, read each question carefully and circle the one number which best describes your observations of this behavior. You may complete this individually, or as a team; it is often useful to compare answers and differing perspectives.

Questions	Never	Almost Never	Seldom	Half the time	Usually	Almost Always	Always
1. Would this behavior occur continuously if the individual was left alone for long periods of time? (for example, one hour)	0	1	2	3	4	5	6
2. Does this behavior occur following a command to perform a difficult task?	0	1	2	3	4	5	6
3. Does this behavior occur when you are talking to other persons in the room?	0	1	2	3	4	5	6
4. Does this behavior ever occur to get food, a game that he or she has been told that she/he can't have?	0	1	2	3	4	5	6
5. Does this behavior occur repeatedly, over and over, in the same way? (e.g. rocking back and forth for five minutes)	0	1	2	3	4	5	6
6. Does this behavior occur when a request is made of the person?	0	1	2	3	4	5	6
7. Does this behavior occur whenever you stop attending to the person?	0	1	2	3	4	5	6
8. Does this behavior occur when you take away a favorite activity or pause?	0	1	2	3	4	5	6

Session #6, Overhead 17

Questions	Never	Almost Never	Seldom	Half the time	Usually	Almost Always	Always
9. Does it appear to you that the person enjoys performing this behavior and would continue even if no one was around?	0	1	2	3	4	5	6
10. Does the person seem to do this behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to him/her?	0	1	2	3	4	5	6
12. Does this behavior stop occurring shortly after you give the person something she/he requested?	0	1	2	3	4	5	6
13. When this is occurring, does the person seem aware of anything else going on around him/her?	0	1	2	3	4	5	6
14. Does this behavior stop occurring shortly after one or five minutes you stop working or making demands of him/her?	0	1	2	3	4	5	6
15. Does he or she seem to do this behavior to get you to spend some time with him/her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the person has been told that she or he can't do something she/he wanted to do?	0	1	2	3	4	5	6

1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____

(Sensory) (Escape) (Social Attention) (Tangible Consequences)

Total Total Total Total

Adapted from V. Mark Durand, Suffolk Child Development Center, NY.

Session #6, Overhead 18

How to Score the Motivation Assessment Scale (MAS)

- Follow the directions given to complete the MAS.
- When finished, write down the score that was circled (1 - 6) for each question at the bottom of the back page on the line with the corresponding question number.
- Once all 16 scores have been entered, add up the total for each of the four columns.
- If the total on the left is highest, that would indicate a higher behavioral motivation in the **Sensory** area. If the total in the second column from the left is highest, it would indicate a higher behavioral motivation in the area of **Escape**, and so on, for the remaining two columns labeled **Social Attention**, and **Tangible Consequences**.
- Oftentimes, more than one total will come out high. Usually, any total over 10 can be significant and worth looking at as a possible motivator.
- If all totals come out the same, it may be that the behavioral definition being used is too broad. You may want to retry the assessment with a more specific definition.

Session #6, Overhead 19

Motivation Assessment Scale

Name: _____ Date: _____

Behavior Description: _____

Instructions: The Motivation Assessment Scale is a questionnaire designed to identify those situations in which a person is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate rewards and treatments. It is important that you identify the behavior of interest *VERY SPECIFICALLY*. **Aggressive**, for example, is not as good a description as **hits others**. Once you have specified the behavior to be rated, read each question carefully and circle the one number which best describes your observations of this behavior. You may complete this individually, or as a team; it is often useful to compare answers and differing perspectives.

Questions

	Never	Almost Never	Seldom	Half the time	Usually	Almost Always	Always
1. Would this behavior occur continuously if the individual was left alone for long periods of time? (For example, one hour)	0	1	2	3	4	5	6
2. Does this behavior occur following a command to perform a difficult task?	0	1	2	3	4	5	6
3. Does this behavior occur when you are talking to other persons in the room?	0	1	2	3	4	5	6
4. Does this behavior ever occur to get food, a game that he or she has been told that she/he can't have?	0	1	2	3	4	5	6
5. Does this behavior occur repeatedly, over and over, in the same way? (e.g. rocking back and forth for five minutes)	0	1	2	3	4	5	6
6. Does this behavior occur when a request is made of the person?	0	1	2	3	4	5	6
7. Does this behavior occur whenever you stop attending to the person?	0	1	2	3	4	5	6
8. Does this behavior occur when you take away a favorite activity or pastime?	0	1	2	3	4	5	6

Teacher's Resource Guide - Session #6: Positive Behavior Support

	Never	Almost Never	Seldom	Half the time	Usually	Almost Always	Always
9. Does it appear to you that the person enjoys performing this behavior and would continue even if no one was around?	0	1	2	3	4	5	6
10. Does the person seem to do this behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to him/her?	0	1	2	3	4	5	6
12. Does this behavior stop occurring shortly after you give the person something she/he requested?	0	1	2	3	4	5	6
13. When this is occurring, does the person seem unaware of anything else going on around him/her?	0	1	2	3	4	5	6
14. Does this behavior stop occurring shortly after (one to five minutes) you stop working or making demands of him/her?	0	1	2	3	4	5	6
15. Does he or she seem to do this behavior to get you to spend some time with him/her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the person has been told that she or he can't do something she/he wanted to do?	0	1	2	3	4	5	6

- | | | | |
|-----------|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| 5. _____ | 6. _____ | 7. _____ | 8. _____ |
| 9. _____ | 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ | 16. _____ |

(Sensory)

(Escape)

(Social Attention)

(Tangible
Consequences)

Total

Total

Total

Total

Adapted from V. Mark Durand, Suffolk Child Development Center, N.Y.

How to Score the Motivation Assessment Scale (MAS)

1. Follow the directions given to complete the MAS.
2. When finished, write down the score that was circled (1 – 6) for each question at the bottom of the back page on the line with the corresponding question number.
3. Once all 16 scores have been entered, add up the total for each of the four columns.
4. If the total on the left is highest, that would indicate a higher behavioral motivation in the **Sensory** area. If the total in the second column from the left is highest, it would indicate a higher behavioral motivation in the area of **Escape**, and so on, for the remaining two columns labeled **Social Attention**, and **Tangible Consequences**.
5. Oftentimes, more than one total will come out high. Usually, any total over 10 can be significant and worth looking at as a possible motivator.
6. If all totals come out the same, it may be that the behavioral definition being used is too broad. You may want to retry the assessment with a more specific definition.

consider completing the Motivation Assessment Scale on a volunteer. You can ask someone to describe a behavior that they use to get attention, etc. You can work through the assessment as a large group and score it as well.

Teaching Replacement Behavior

Do

Show overhead #20

Say

Once you have figured out what the behavior is all about, the challenge is to help someone find a replacement behavior that will get his or her needs met in a more positive way. This is called teaching replacement behaviors. To sum up the steps in the process:

- 1. Identify & define the challenging behavior.** Remember, that the target behavior must be in both **MEASURABLE & OBSERVABLE** terms.
- 2. Observe the individual and interview family & team members (using one or more of the assessment tools) to help figure out the meaning of the problem behavior.** It is important to take data in

Your Presentation Notes

Replacement Behaviors

Teaching Replacement Behaviors requires:

- **Identify and define the challenging behavior(s)**
- **Observe and interview to figure out the meaning of the challenging behavior**
- **Identify new replacement behavior(s) that fill the same need as the challenging behavior**

Session #6, Overhead 20

order to make more accurate decisions as to why the behavior is happening. Tools like A-B-C data sheet, the Scatter Plot, the PBS Simple Worksheet and the Motivation Assessment Scale can help. We need to do this FIRST, because we want to teach the person a new skill that serves the same function, or NEED as the challenging behavior. By doing this, we will be more successful at REPLACING the challenging behavior with an alternative skill.

3. **Identify new replacement behavior(s) to teach the individual that fill the same need as the challenging behavior.** If our assessment data shows us that the challenging behavior is happening to **“get attention”**, then we want to teach a new, alternative skill that also allows the person to receive social attention, but in a more socially appropriate manner.

If the challenging behavior is very intense (throwing chairs or breaking windows, for example) and is happening for reasons of **“escape”**, then we want to teach a new skill that also allows the person to escape (but without throwing chairs or breaking windows!).

Alternative examples of new skills to communicate escape could include:

Your Presentation Notes

Replacement Behaviors

Teaching Replacement Behaviors requires:

- Identify and define the challenging behavior(s)
- Observe and interview to figure out the meaning of the challenging behavior
- Identify new replacement behavior(s) that fill the same need as the challenging behavior

Session #6, Overhead 20

Asking or signing for a “break”, holding up a colored card with the word “break” on it to signify that the person needs a break, and so forth. Or, pointing to a picture card of juice rather than pounding on the refrigerator. We want to teach alternative ways to get tangible and sensory needs met as well.

Do

Show overhead #21

Say

Use these guidelines to help teach replacement behaviors & skills:

If we don't follow these guidelines when teaching replacement behaviors & skills, then it is very likely that the person will go back to using their “old” behavior, because it works better for them!

A. The replacement behavior must receive “payoff” (reinforcement) as soon or sooner than the challenging behavior. Remember the “hair pulling” routine: If I don't get help and attention within 5 seconds of using my new strategy (raising my hand), then I'm likely to go back to my old strategy (hair pulling).

Your Presentation Notes

**Replacement
Behavior Must:**

- **Receive “payoff” as soon or sooner than the challenging behavior**
- **Receive as much or more “payoff” than the original behavior**
- **Require the same amount of effort (or less) to perform**

Session #6, Overhead 21

B. The replacement behavior must receive as much or more “payoff” (reinforcement) than the original behavior. If we plan to reward the person for using their new, appropriate strategy by offering them “less” than what they were getting for the original behavior, they will possibly return to their old behavior where the pay-off is better. Example: When Sally is disruptive, everybody turns around and looks at her, (which she really enjoys). The DSP starts to provide her with individual praise when she is not disruptive (which she also likes, but not as much as when EVERYONE notices her!). Which strategy is she likely to use in the future?

C. The replacement behavior must require the same amount of effort (or less) to perform. If the new, replacement behavior is harder to perform than the original behavior, this is another reason why the new skill may not work out in the long run.

We want the new skill to be just as easy (and require no more energy to perform) as the original challenging behavior.

An example you could provide is a young man who gets very frustrated when he is given certain types of tasks and has learned to hit people in order to

Your Presentation Notes

Replacement Behavior Must:

- **Receive “payoff” as soon or sooner than the challenging behavior**
- **Receive as much or more “payoff” than the original behavior**
- **Require the same amount of effort (or less) to perform**

Session #6, Overhead 21

“escape” the task. When he hits, he is removed from the task. We tried to get him to communicate using a keyboard where he would point in order at the letters “I – W-A-N-T –B-R-E-A-K- – P-L-E-A-S-E” in order for him to get away from a frustrating task. It worked for about a week and then he started hitting people again. When we analyzed what had happened, we realized that when he attempted to type in the 16 letters he only got to the 4th or 5th letter before he got frustrated and hit someone. It was harder for him to type or point at 16 letters than it was to make a single hit. Once we got a system which required him to only point at one button or phrase to get a break, the old behavior went away (we finally taught him a new behavior that was just as easy to perform, and that worked just as well.

Say

Okay, to summarize, we’ve talked about ways to identify a behavior, to figure out the reasons for it and the idea of replacing it with something that works better for everyone.

The biggest challenge is to identify new replacement behaviors and skills that work just as well as the original challenging behavior.

It can be very difficult for extreme behaviors

Your Presentation Notes

**Replacement
Behavior Must:**

- **Receive "payoff" as soon or sooner than the challenging behavior**
- **Receive as much or more "payoff" than the original behavior**
- **Require the same amount of effort (or less) to perform**

Session #6, Overhead 21

that get large reactions, but we must still attempt to find alternative strategies that work, because this is what will lead to positive behavioral change in the long run.

Do

Show overhead # 22

Say

I want to end by reading a short piece that puts in all into perspective

Read The Language of Us and They by Mayer Shevin

Say

That ends our session on positive behavior support

Homework Assignment

Say

Our next session is the first of two on Teaching Strategies.

To be ready for it, make sure that you read the complete summary in your *Resource Guide* and complete the homework assignment (refer to page number) **before the next class**. Let's review the instructions for the assignment together.

Your Presentation Notes

The Language of "Us" and "They"

By Mayer Shevin

We like things. They fixate on objects.

We try to make friends. They display attention-seeking behaviors.

We take a break. They display off-task behaviors.

We stand up for ourselves. They are noncompliant.

We have hobbies. They self-stim.

We choose our friends wisely. They display poor peer socialization.

We persevere. They perseverate.

We love people. They have dependencies on people.

We go for a walk. They run away.

We insist. They tantrum.

We change our minds. They are disoriented and have short attention spans.

We have talents. They have splinter skills.

We are human. They are??????????????

Session #6, Overhead 22

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*. Any questions? See you next time.

Your Presentation Notes

Resource Guide

Homework Assignment for Session #7: Teaching Strategies: Relationships, Task Analysis and Prompts

To be ready for your next class session on Teaching Strategies, make sure that you read all of the information for session #7 and complete the homework assignment **before the next class**. You will find it on page 9 of your *Resource Guide* for session #7.

If You Want to Read More About Positive Behavior Support

Positive Behavioral Support: Including People With Difficult Behavior in the Community

by Lynn Kern Koegel, Robert L. Koegel, Glen Dunlap, Editors (1996); Paul H Brookes Pub Co; ISBN: 1557662282

Offers case studies, research-based strategies, and discussion on behavioral intervention with people who engage in challenging and self-injurious behavior, highlighting the significant role of parent and family support. Topics include naturalistic language intervention; early intervention; school inclusion for children with autism; and person-centered planning. Contains activities and a sample course syllabus.

Note: Preparation of some of the materials herein was supported by contract #GOO87CO234, Research and Training Center on Community-Referenced Nonaversive Behavior Management, and CFDA #133B-6, Rehabilitation Research and Training Center on Positive Behavior Support, from the National Institute on Disability and Rehabilitation Research. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement should be inferred.

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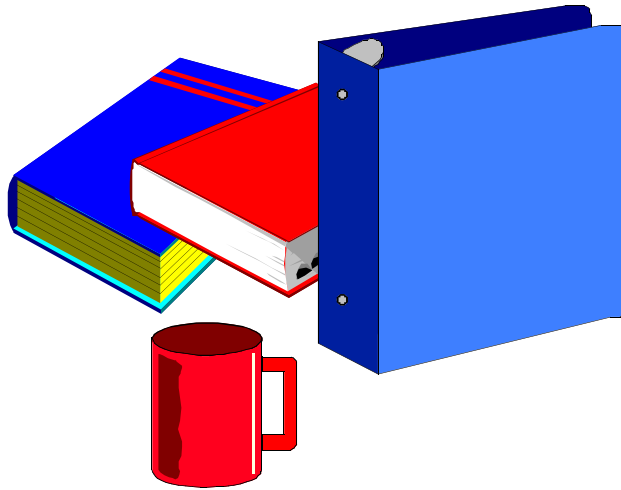
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**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #7

Teaching Strategies: Relationships, Task Analysis and Prompts

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: #7

Topic: Teaching Strategies: Relationships, Task Analysis and Prompts

Core

Objectives: Upon completion of modules #7 and #8, the DSP should be able to:

- TS-1 Demonstrate the ability to identify the steps required to complete a task or activity.
- TS-2 Apply least-to-most assistance and/or prompts.
- TS-3 Demonstrate the use of positive feedback.
- TS-4 Demonstrate the ability to follow a plan for successful teaching.
- TS-5 Demonstrate the ability to do individualized teaching.
- TS-6 Demonstrate the ability to assess and teach individual choice-making skills.
- TS-7 Assess the effectiveness of teaching.

Time:

Introduction, Key Words,

Review Questions 10 minutes

Teaching New Skills 10 minutes

Establishing a Good Relationship 5 minutes

Task Analysis 25 minutes

Breaking Skills into Component Steps 10 minutes

BREAK 15 minutes

Overview of Prompting 30 minutes

Least-to-Most Assistive Prompts 30 minutes

Identifying Common Mistakes 10 minutes

Documenting Progress 15 minutes

Role play 15 minutes

Presentation of Homework Assignment 5 minutes

Total Time **180 minutes**

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants; and
 - Flip chart paper and markers, or blank transparencies and overhead projector pens; water pitcher, glass or cup, table napkins, touch tone phone, personal address/phone book.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction

Do

Show overhead #1

Say

Welcome to Session #7, the first part of two sessions on teaching strategies.

Do

Show overhead #2

Say

Let's look at the review words for today's session (refer to page number in resource guide), they are:

- learning goals
- task analysis
- teachable steps
- prompts
- modeling
- documenting progress

Now, let's look at the review questions for this session.

Your Presentation Notes

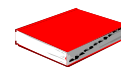
Session 7: Teaching Strategies - Relationships, Task Analysis and Prompts



Session #7, Overhead 1

Key Words

- Learning Goals
- Task Analysis
- Teachable Steps
- Prompts
- Modeling
- Documenting Progress



Session #7, Overhead 2

Do

Show overhead #3

Say

What are some of the things DSPs can do to build a good relationship with individuals whom they support?

What are two important reasons for using a task analysis when teaching a new skill?

What are some examples of the different types of prompts?

How would you use a least-to-most prompting strategy to teach a new skill, like turning on a light switch?

Teaching New Skills

Say

Teaching adaptive skills represents one of the most important types of support offered by human service agencies to people with disabilities. Support staff must have the ability to teach a wide variety of skills if people with disabilities are to develop to their fullest potential and experience an enjoyable quality of life. Because teaching new skills is so important, agencies providing support for people with severe disabilities are required to develop service plans for each individual with a disability they support. These plans describe useful skills for each

Your Presentation Notes

In-Class Review

- **How do you develop a relationship with the learner?**
- **Why use task analysis?**
- **What are examples of prompts?**
- **What are least-to-most prompts?**

Session #7, Overhead 3

individual to learn. For your homework assignment, you were asked to locate and review the Individual Program Plan (or IPP) and any supplemental service plans for three individuals with whom you work. You were asked to list some of the skills that each individual may want or need to learn to achieve his/her goals.

Ask

Several class members what they found in the IPPs and what skills they might be expected to help individuals learn..

Say

The next two class sessions will help you learn the teaching skills needed to support the individuals with whom they work to

- 1) learn new skills and
- 2) to effectively use skills the individuals have already learned.

Do

Show overhead #4

Say

Here are the things that we'll be talking about today in Session #7:

- Identifying skills to teach
- Establishing a relationship with the learner
- Using a task analysis

Your Presentation Notes

This Session

We will talk about:

- Identifying skills to teach
- Establishing a relationship with the learner
- Using a task analysis
- Different types of teaching prompts
- Least-to-most assistive prompting
- Recording learner progress

Session #7, Overhead 4

- Different types of teaching prompts
- Least-to-most assistive prompting
- Recording learner progress

Your Presentation Notes

Establishing A Relationship With The Learner

Say

The first and most important teaching tool is to develop a good relationship with the person you will be teaching.

Ask

The group to imagine working very closely everyday with another staff member whom they like and respect versus working with a staff member whom they barely know or dislike and disrespect.

Say

Which is likely to be the best working situation? In which situation would you be more motivated to do your best? We will not be very successful teachers unless we can establish a good relationship with the person we are teaching. Let's look at ways we can establish a good relationship.

Do

Show overhead #5

Do

Describe the things DSPs (in overhead #5) can do to establish a good relationship with the people whom they will be teaching.

Say

You will be learning to use many teaching tools over the next two classes but none is more important than getting to know the person you will be teaching and establishing a good relationship.

Task Analysis

Say

During this class, you are going to learn to teach an individual to do something that the individual does not already know how to do. Look back at the target skills you listed in your homework packet. Which of these will require you to teach the individual a new skill? When teaching a new skill, it is important to conduct teaching in a consistent way so that individuals can learn the skill more quickly. Often, the new skills we may be trying to teach are complex, requiring the individual to learn the many actions involved in completing each skill. Complex skills can be broken down into small steps that an individual can more easily learn to perform. Let me show you what I mean.

Your Presentation Notes

Establishing a Good Relationship

- **Get to know what the individual likes and dislikes**
- **Do things the individual likes to do**
- **Help to avoid things he/she dislikes**
- **Get to know each other's communication style**

Session #7, Overhead 5

Homework Activity
(to be completed before Session #7)

Locate the Individual Program Plan and any additional service plans for three people with whom you work. (You may need to ask your supervisor for help with this assignment.) Below, make up fictitious names (to assure confidentiality) for those three people. Beside each name, list some of the skills that each individual may want or need to learn to achieve his/her goals (from the IPP).

Person's first name	Skills to be learned
1.	
2.	
3.	

Do

Demonstrate a simple skill such as drinking from a cup and explain that the skill of drinking from a cup can be described as a series of actions or behaviors. After demonstrating the skill

Do

Show overhead #6

Do

Illustrate the steps of drinking from a cup.

Give the DSPs a moment to read the steps of the task analysis as you read the steps.

Do

Show overhead #7

Say

Listing the sequence of actions or steps involved in completing a skill is called a TASK ANALYSIS.

Do

Demonstrate the skill of pouring a glass of water. After you have demonstrated the skill several times, ask the DSPs to tell you the steps they see as part of the skill.

Do

Show overhead #8

Your Presentation Notes

TA for Drinking from a Cup

1. Grasp handle of cup

2. Lift cup to mouth

3. Drink



4. Set the cup on the table

Session #7, Overhead 6

Task Analysis

is breaking complex skills down into smaller, more teachable steps



Session #7, Overhead 7

TA for Pouring a Drink

1.

2.

3.

4.

5.

Session #7, Overhead 8

Do

List the steps on a blank overhead or flip chart paper

The steps may be:

- 1- grasp the pitcher
- 2- grasp the cup
- 3-pour the drink into the cup
- 4- stop pouring when the cup is full
- 5- set the pitcher on the table

Say

Not all teaching objectives require a task analysis. For example, if Jackie already knows how to wipe her face with a napkin but just does not use the skill at meal or snack time to keep her face clean, staff would not need to follow a task analysis. Teaching an individual *when* to use a skill that the individual already knows how to do, does not require a task analysis. Another type of teaching objective that does not require a task analysis is when teaching an individual to perform a skill more quickly or for a longer period of time. For example, teaching Carlos to work on his job for longer periods of time without a break is not the type of skill that needs to be task analyzed. During Session 8 we will talk about how to encourage individuals to use skills they already know how to do. Task analysis is useful when we

Your Presentation Notes

are teaching an individual to do something he/she does not already know how to do correctly.

Ask

Participants to turn to the activity *Drawing a Place Setting* (refer to the page number in the resource guide)

Ask

DSPs to imagine that they have been asked to teach one of the individuals whom they support to set a table using a plate, knife, fork, spoon, napkin and glass.

To imagine that the top box on the handout is a place mat.

Ask them to draw how they believe a place setting should look. In other words, draw where the plate should be placed, and where the knife, fork, etc., should be placed on the place mat.

Do

After each DSP has completed the drawing activity, collect three or four examples of what the DSPs have drawn.

Try to select a variety of arrangements of tableware depicted in each place setting illustration.

Your Presentation Notes

In-Class Activity: Drawing a Place Setting

On the place mat below, draw a picture of a dinner place setting including a plate, knife, fork, spoon, napkin and cup.



Using the task analysis for table setting the instructor has placed on the overhead, draw a picture of a dinner place setting including a plate, knife, fork, spoon, napkin and cup.



Show the class the examples you collected (one at a time) and ask for a show of hands if the place setting they have drawn looks like the example you are showing.

Say

If one of you worked on the first shift and the other on second shift in a home, and you were both trying to teach an individual to set the table, the individual would have a difficult time learning the skill because each of you is teaching a different skill.

One of the most important reasons for using a task analysis is to outline what we are teaching the individual to do so that we teach the skill the same way every time. Teaching the individual to do the skill the same way every time helps the person learn the skill more quickly.

Do

Show Overhead #9

Ask

Participants to draw a picture of a place setting using the task analysis for table setting as a guide. Explain that each person's table setting should now look like all others.

Say

By using a task analysis, we can teach the skill the same way no matter who does the

Your Presentation Notes

TA for Place Setting

1. Place plate on the table in the center of place mat
2. Place napkin on the place mat, directly beside and left of the plate
3. Place fork on napkin
4. Place knife on place mat, directly beside and right of plate
5. Place spoon on place mat, directly beside and right of knife
6. Place cup on place mat above the tip of the knife

Session #7, Overhead 9

teaching. Teaching the skill the same way each time eases learning.

Breaking Skills Into Component Steps

Ask

One of the DSPs to tell you the 5th digit in his/her telephone number.

Most of the group will have to silently say each of the numbers in the sequence to come up with the 5th digit.

Explain that for most of us to remember the digit, we have to think through the numbers in their specific order.

Say

Learning the numbers in order allows each number in the sequence to become a signal for the number that comes next in the sequence. Teaching a skill by keeping the steps in the same order every time makes the task easier to learn because each step serves as a signal for the next step in the task analysis. To illustrate, we do not all necessarily perform the steps of tooth brushing in the same order.

Your Presentation Notes

Ask

DSPs how many wet their toothbrush before applying the paste.

Say

Writing down a task analysis assures that we teach a skill the same way every time with all the steps in a consistent order.

Ask

Participants to turn to the Activity titled *Completing and Ordering Steps in a Task Analysis* (refer to the page number in the resource guide).

Do

Tell the DSPs that the steps in the task analysis at the top of the page for playing a movie video are not in the appropriate order.

Ask them to think through the process of playing a video and number the steps in the order that the steps should be taught.

After they have completed the ordering activity, ask one of the DSPs to tell you the order of the steps.

Next, ask the DSPs to read the task analysis at the bottom of the page. Several steps have been left out of the task analysis for shaving. Ask them to think through the steps involved in shaving and see what steps are missing.

Your Presentation Notes

In-Class Activity: Completing and Ordering Steps in a Task Analysis

Number the steps listed below in the order that the steps should be completed for operating a video cassette recorder (VCR).

- _____ Turns on the VCR and TV
- _____ Pushes the "PLAY" button on the VCR
- _____ Slides video into the VCR in the appropriate place
- _____ Holds video with title side toward palm of hand and tape side toward the VCR
- _____ Turns channel on TV to Channel 3

In the following task analysis for shaving with an electric razor, several of the steps have been left out. Find at least two steps that have been left out of the task analysis.

1. Picks up electric razor
2. Shaves right side of face
3. Rubs hand over right side of face to check for smoothness
4. Reshaves remaining beard on right side of face
5. Shaves chin
6. Rubs hand over chin to check for smoothness
7. Reshaves remaining beard on chin
8. Shaves neck
9. Rubs hand over neck to check for smoothness
10. Reshaves remaining beard on neck
11. Turns electric shaver off

Remind the group that the task analysis is written for shaving using an electric razor. After about a minute, ask one of the DSPs which steps appear to be left out.

Say

When you have created a task analysis for teaching a skill, it is important to do the skill yourself following the task analysis before you use the task analysis to teach. As you practice the skill yourself, make sure the task analysis is complete and the steps are arranged in a logical order.

Do

Have the DSPs observe as the instructor completes a skill such as calling a friend on the telephone. The instructor should complete the following actions:

- 1- Open personal address/phone book
- 2- Find the friend's name and phone number
- 3- Touch (or dial) the numbers in sequence
- 4- When someone answers, ask to speak to the friend

Ask

The group to jot down the steps involved in completing the task. The instructor may need to demonstrate the skill two times. After the group has completed the task analysis . . .

Your Presentation Notes

Do

Show overhead #10

Say

The task analysis you have written does not have to match the one on the overhead exactly as long as each task analysis includes all the steps for completing the task written in a logical order. Some of you may have broken the task down into much smaller steps.

Do

Show overhead #11

Explain that small steps may be needed for individuals who learn slowly or have physical disabilities that make their movements difficult.

Say

Here is a task analysis for the same skill but the steps are much smaller. This task analysis was probably written for someone who has more difficulty learning than the individual for whom the first task analysis was written.

Do

Show overhead #12

Say

The first and most important teaching tool is to get to know the person whom you will be teaching. Next, find out which skills are most

Your Presentation Notes

Calling a Friend on the Telephone

- 1. Find personal address/phone book**
- 2. Find the friend's name and number**
- 3. Place the call by pressing the numbers in correct order**
- 4. When phone is answered, ask to speak to friend**

Session #7, Overhead 10

Calling a Friend on the Telephone

- 1. Open personal address/phone book**
- 2. Find page with friend's name and number**
- 3. Locate the name of the friend to be called**
- 4. Locate the number of the friend to be called**
- 5. Lift the receiver of phone**
- 6. Listen for dial tone**
- 7. Find and press the first number**
- 8. Find and press the second number**
- 9. Find and press the third number**
- 10. Find and press the fourth number**
- 11. Find and press the fifth number**
- 12. Find and press the sixth number**
- 13. Find and press the seventh number**
- 14. When phone is answered, ask for the friend**

Session #7, Overhead 11

Summary

- 1. Establish a good relationship with learner**
- 2. Find out important skills to teach for each individual**
- 3. When teaching new skills, use a task analysis to teach the skill the same way each time**

Session #7, Overhead 12

important to the individual. This information should come from an individual's treatment plan. When teaching individuals to do skills they do not know how to do, we can begin teaching by breaking complex skills into steps. The size of the steps depends on how quickly you think the individual can learn. You will understand more about task analysis as we continue to talk about teaching.

BREAK for 15 minutes

Say

When an individual is learning a new skill, it will be necessary for staff to help the individual complete at least part if not all of the skill. The assistance staff provide to help an individual complete a new skill is called prompting. During the remainder of this class, we will be talking about ways we can prompt individuals when they are learning new skills that will help them learn more quickly and easily. It's important to remember that the goal is to support someone in learning something they want to learn, not to force someone to do something they do not want to do.

Opportunities to practice a new skill are important for any learner. As *you* learn new teaching skills during this class and the next one as well, it will be important for you to practice using these skills. We will practice

Your Presentation Notes

the teaching skills in this session using role play.

You may find the practice uncomfortable at first. However, practice is essential if you are to learn the teaching skills. After several practice sessions you will become more comfortable with the practice activities.

When you are playing the role of a person with disabilities, please try to act like one of the individuals with whom you work. The purpose of this practice is to give you a chance to practice each skill in situations that are as realistic as possible.

The more similar we can make the role play to reality, the better prepared DSPs will be to use the teaching skills in their own work settings. **In no way are the role play activities meant to demean or show disrespect for individuals with disabilities. The activities are only to create as real a situation as possible in order to learn the skills of teaching a new task.**

Say

Before we begin this part of this session, please divide yourselves into groups of three. Each time I ask you to practice a skill, practice should be done with this group of three people.

Your Presentation Notes

(Ensure that the groups are no larger than three or, at most, four people so that each DSP will have sufficient opportunities for practice.)

Overview of Prompting

Do

Show overhead #13

Say

There are many different types of prompts staff can use to help an individual complete a new skill.

Read the definition of a verbal prompt from the overhead.

Say

A *verbal prompt* can be any spoken question, instruction or direction which assists the individual in performing any step of the task analysis that he/she cannot perform independently. For example when teaching Susan to operate a cassette tape player, a verbal prompt might be to say, "Pick up the tape". Verbal prompts can be less directive than actually telling a person what to do. A less directive verbal prompt to pick up the tape might be to ask a question like, "What do you do first?". Verbal prompts should include only as many words as necessary to

Your Presentation Notes

Types of Prompts

- **Verbal** a spoken question or instruction which helps the learner do a step of the skill
- **Gestural** pointing, tapping or other body motion which helps learner know what's next
- **Modeling** staff shows the learner how to do part or all of the skill
- **Physical** guidance involving touch to help the learner do the skill -- can range from brief touch to complete guidance

Session #7, Overhead 13

provide a clear direction. If an individual does not understand what we say very well, too much talking may be more confusing than helpful. It may also be helpful if staff use the same words as prompts each time the skill is taught.

Do

Demonstrate teaching a simple skill using only verbal prompting.

Ask

One of the DSPs to play the role of an individual with disabilities.

The instructor will need to tell the DSP playing the role of the individual with disabilities not to do any of the steps independently but to respond correctly to the first prompt the instructor gives for each step.

The skill to be taught is how to drink from a cup.

Do

Show overhead #6 again

Explain that we begin the teaching process by giving a *general cue*.

Say

The general cue for this skill might be "Please drink your juice". The general cue tells the

Your Presentation Notes

TA for Drinking from a Cup

1. Grasp handle of cup

2. Lift cup to mouth

3. Drink



4. Set the cup on the table

Session #7, Overhead 6

individual to begin the skill. If it is a new skill that the individual with disabilities does not know how to do, prompts may be needed for each step in the task analysis.

Do

Demonstrate teaching the skill using a verbal prompt for each step of the task analysis on the overhead.

Say

Another type of prompt to assist an individual in completing a skill is a *gestural prompt*. A gestural prompt involves pointing to, touching something or any other body motion by staff which directs the learner's attention toward what should be done next.

Do

The instructor should demonstrate teaching drinking from a cup, using verbal followed by a gestural prompt for each step. Have the same person play the role of the learner as during the demonstration with verbal prompting. Tell the person to respond to the second prompt you give for each step.

Do

Show overhead #13

Say

Modeling is another way to assist an individual in completing a skill. Modeling involves

Your Presentation Notes

Types of Prompts

- **Verbal** a spoken question or instruction which helps the learner do a step of the skill
- **Gestural** pointing, tapping or other body motion which helps learner know what's next
- **Modeling** staff shows the learner how to do part or all of the skill
- **Physical** guidance involving touch to help the learner do the skill -- can range from brief touch to complete guidance

Session #7, Overhead 13

showing the learner how to do part or all of the step.

Do

Show overhead #6 again

Do

Demonstrate how you would model the first step in the drinking from a cup task analysis.

Do

Show overhead #13 again

Say

Modeling can be effective with any learner but is probably most effective with individuals who learn relatively quickly. Individuals with severe to profound mental retardation may not benefit as readily from modeling prompts.

Also, modeling usually is best used at the beginning of teaching. If a learner responds to the modeling with a correct skill response, then the modeling can be repeated with subsequent teaching trials. However, if the first use of modeling does not result in a correct learner response, then it is usually best to stop using modeling as part of the teaching approach. Modeling can be a time consuming teaching strategy, so it is best to make sure it is effective early in the teaching process before using it over and over.

Your Presentation Notes

TA for Drinking from a Cup

1. Grasp handle of cup
2. Lift cup to mouth
3. Drink
4. Set the cup on the table



Session #7, Overhead 6

Types of Prompts

- **Verbal** a spoken question or instruction which helps the learner do a step of the skill
- **Gestural** pointing, tapping or other body motion which helps learner know what's next
- **Modeling** staff shows the learner how to do part or all of the skill
- **Physical** guidance involving touch to help the learner do the skill – can range from brief touch to complete guidance

Session #7, Overhead 13

Say

Physical prompts involve physical guidance or touch from staff to assist an individual in completing a skill. Physical prompts can range from a brief touch to complete guidance whereby staff move the learner completely through a given step of the task analysis.

Do

Show overhead #6 again

Do

Demonstrate the drinking from a cup skill using verbal, gestural and physical prompts.

Explain that physical guidance can vary in intensity by changing the location on the learner's body where the physical assistance is provided.

Say

When teaching an individual who has severe movement problems to, for example, pick up a leisure material, the DSP can begin by guiding the learner's arm toward the material. A more assistive physical prompt would be to grasp the learner's wrist to guide the hand toward the material. The most assistive physical prompt for helping the learner to pick up a leisure material would involve the DSP placing his or her hand over the learner's hand and guiding the learner's hand to pick up the material.

Your Presentation Notes

TA for Drinking from a Cup

1. Grasp handle of cup

2. Lift cup to mouth

3. Drink



4. Set the cup on the table

Session #7, Overhead 6

Do

Demonstrate teaching a person to grasp the cup by providing physical assistance at the elbow, wrist and then hand-over-hand.

Least-to-Most Assistive Prompts

Do

Show overhead #14

Say

Prompts can vary in strength depending on how much help the prompt is to the learner. As a general rule, verbal and gestural prompts usually provide only a little assistance whereas full physical guidance provides the most assistance. However, which prompts are most or least assistive depends a lot on the learner. For example, if the learner has very good language skills, a very light or subtle physical prompt may be less assistive than telling the individual what to do. Some prompts are not useful at all for certain individuals.

For example, if an individual has a hearing impairment, verbal prompts will probably not be helpful at all. Similarly, if an individual has a visual impairment, gestural prompts are not likely to be helpful. If a person becomes upset when touched or physically guided to do something, using physical prompts may not be a good idea.

Your Presentation Notes

Levels of Assistance

**Session #7, Overhead 14**

The types of prompts used with each learner must be selected with the individual learner in mind. Suiting prompts to the individual learner will be easier if you have taken the time to get to know the individual before attempting to teach as suggested in the previous module.

Say

To help an individual learn a skill as quickly as possible, we should provide prompts following a simple guideline. We never provide more help than the individual needs to complete any of the steps in the task analysis of the new skill. When teaching a new skill for the first time, staff must find out how much help the learner needs to complete each step of the task analysis.

To find out how much help the learner needs, the DSP begins by allowing the learner to attempt to complete the first step of the task analysis independently. If the learner cannot complete the step correctly, the DSP should provide a mild prompt such as a verbal prompt. If the verbal prompt is ineffective, the DSP might provide a verbal accompanied by a gesture prompt.

If the learner does not complete the step after the verbal and gestural prompt, the DSP would next provide partial physical assistance (guiding the learner through part but not all

Your Presentation Notes

of the step). If partial physical assistance does not result in the learner completing the step then, the DSP should guide the learner completely through the step.

Once staff know how much help an individual needs in completing each step of the skill, then each time the learner practices the skill, staff should begin by giving less help than the learner usually needs to correctly perform the step. If the first prompt given for the step is not enough assistance for the learner to correctly complete the step, the DSP should give more and more helpful prompts until the learner completes the step correctly.

To illustrate, when teaching the learner to drink from a cup, if partial physical assistance is usually required for the learner to complete Step 1 (grasping the cup), then the DSP might begin by prompting the step with a verbal or a gestural prompt. If the verbal or gestural prompt is ineffective, then a partial physical prompt may be provided. If partial physical guidance is ineffective, the DSP should provide full physical guidance so that the step is completed correctly before the next step in the task analysis is attempted. After Step 1 is completed, the DSP should prompt Step 2 by giving a little less help than the learner typically needs to complete Step 2 (lifting the cup to the mouth).

Your Presentation Notes

Increasing amounts of help are given on Step 2 until the learner completes the step correctly. If prompts are provided in this way, the learner should receive the least amount of help necessary for successfully completing the step. In other words staff never give more help than the learner needs. Using prompts in the way just described is called a “Least-to-Most Assistive Prompting Strategy”.

Do

Demonstrate teaching the skill of drinking from a cup using a least-to-most assistive prompting strategy.

Do

Show overhead #15

Explain that there are some common mistakes staff often make when learning to use a least-to-most assistive prompting strategy.

Say

One mistake is that staff repeat prompts at the same level for a given step. For example, if a DSP tells a learner to “grasp the cup” (verbal prompt), if the prompt is unsuccessful in helping the person to complete the step, the next prompt for the step should be more helpful such as telling the learner to “grasp the cup” while pointing to the cup. New

Your Presentation Notes

Common Mistakes with Prompting

By providing:

- Same prompt more than one time on a given step
- More helpful prompt too quickly
- Less help with second prompt than with the first prompt
- Full physical guidance the first time

Session #7, Overhead 15

staff are often tempted to repeat the verbal prompt several times (“Hold the cup.”, “Come on, you can grasp the cup.”, “Pick up the cup, ok?”, etc.)

Repeating the same type of prompt for a given step is not a good idea. Repeating prompts only prolongs the teaching process and confuses the learner. If the learner does not respond to a given prompt then either the learner does not understand the prompt or is not motivated to respond to the prompt. Repeating the prompt does not help with either situation. Rather, a second prompt on any step in the task analysis should always be more helpful than the first. Similarly, if a third prompt is required, it should be more helpful than the second prompt.

Remember to wait a few seconds between each prompt to give the learner time to respond to the prompt. Sometimes staff give a more assistive prompt too quickly without allowing enough time for the learner to respond to a less assistive prompt.

Another prompting mistake is using full physical guidance as the initial prompt on *any* step of the task analysis. If full physical guidance is given as the initial prompt for a step, the individual being taught has no opportunity to learn.

Your Presentation Notes

A fourth mistake occurs when a DSP does any step of the task analysis for the learner instead of providing assistance so that the learner does the step. Staff should provide as much assistance as is needed for the learner to complete any step but should not complete any step without involving the learner.

Do

Demonstrate correct use of a napkin. Using a blank overhead or piece of flip chart paper, have the group task analyze the skill. The skill should be broken down into three or four steps such as 1) pick up the napkin, 2) wipe mouth, and 3) return napkin to lap or table.

When initially demonstrating how to teach the skill, use a least-to-most assistive prompting strategy the correct way.

Next, tell the group that you are going to make some mistakes in prompting to see if they can recognize the mistakes.

During the first demonstration, repeat a verbal or gestural prompt on one of the steps. On the second demonstration, give a full physical prompt as the initial prompt on one of the steps. Allow the DSPs to identify what you did wrong and what you should have done to have prompted correctly.

Your Presentation Notes

Ask the DSPs to practice teaching the skill of napkin usage within their group of three. One person plays the role of the teacher, another plays the role of a learner with disabilities and the third person observes to see if the prompting is correct. Roles should be switched until each DSP has had the opportunity to be the teacher, the learner and the observer. The instructor should circulate about the room to correct any observed errors in teaching.

Documenting Learner Progress

Say

The result of good teaching is that an individual makes progress toward learning a new skill. One way to check for progress is by comparing how much of the skill the individual has learned from week to week or month to month. We are going to learn one way of checking for progress.

Do

Show overhead #16.

Explain that a progress record form similar to the one on the overhead should be prepared for each skill identified as important for an individual to learn.

Using the progress recording form on the overhead, write the information needed to

Your Presentation Notes

[illegible]

evaluate progress for Angela who is learning to pour a drink. List her name and the steps in the task analysis on the form.

Say

Once each week, when the skill is taught (point out that the skill should be taught many times each week but on only one of the teaching sessions is progress recording usually necessary), the DSP should record a "+" beside each step that is completed independently (without prompting) and an "0" beside each step that required any prompt by the DSP.

Do

Demonstrate teaching the skill of pouring a drink. Record on the overhead a "+" for each step completed without prompting and an "0" for all steps that required a prompt of any type.

Note that the progress recording approach is only one way to document progress. Staff may use other ways depending on what their agency desires.

Say

When the progress record shows that all steps are being completed independently by the person, then staff can see that the skill has been learned. When the skill has been learned, the DSP should continue to

Your Presentation Notes

motivate the learner to use the skill at the right time and in different places. We will talk about how to maintain new skills in your next class.

Ask

DSPs to return to their groups of three.

Participants to turn to the *Progress Recording Form* (refer to the page number in the resource guide).

Ask

Each person to set up the sheet for teaching the skill of napkin usage.

The instructor may need to show how to prepare the form by completing the blank form on the overhead.

Each member of the group should teach the skill of napkin usage by following the task analysis, using a least-to-most prompting strategy, and recording the learner's performance on the progress record sheet.

Allow 15 minutes for the practice activity.

Circulate about the room answering questions and correcting any problems noted in teaching.

If any time remains in the class, have the groups practice teaching and recording the

Your Presentation Notes

Progress Record

Name _____ Skill _____

"+" = independent "O" = prompted

Task Analysis:

Dates:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

learner's performance again.

Say

That ends our first session on teaching strategies. We've learned about identifying learner goals, breaking down goals into teachable steps, providing assistance when needed and recording progress. Next session, we will talk about how to provide positive feedback to learner and how to motivate learning.

Homework Assignment

Say

To be ready for your next class session on Teaching Strategies, make sure to complete the homework assignment in your *Resource Guide* for Session #8 (refer to page number) before the next session. Let's review the instructions together.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions?

See you next time

Your Presentation Notes

Homework Assignment:
Session #8: Teaching Strategies: Positive Feedback and
Teaching at Natural Times

To be ready for your next class session on Teaching Strategies, make sure that you read the *Resource Guide* for Session #8 and complete the homework assignment **before the next class**. You will find it on pages 7 and 12 of your *Resource Guide* for session #8.

If You Want to Read More About Teaching Strategies

Curricular and Instructional Approaches for Persons with Severe Handicaps

by Cipani, E., & Spooner, F. , Editors (1994); Boston: Allyn and Bacon; ISBN: 0205140904.

Presents information and techniques instrumental in training teachers in the field of severe disabilities. Includes contributing authors who are recognized experts on the topic. Explains the current technologies and practices that best work in the classroom. Provides an overall reference for teaching practices, including procedures, programs, assessment instruction and research, concerning students with severe disabilities.

Instruction of Students with Severe Disabilities

by Snell, M.E., Editor (1993; 4th ed; New York: Merrill Publishing Co.; ISBN: 0024137510

Featuring ten completely new chapters, and eight chapters extensively revised, the Fourth Edition of this highly-successful book provides a complete portrayal of the status of education as it pertains to students with severe disabilities.

Teaching Students with Severe Disabilities

by Westling, D.L., & Fox, L. (1995). New York: Merrill Publishing Co.; ISBN: 0024265810

This is a straightforward, practical text for future teachers of students with severe disabilities...one whose high level of respect for persons with disabilities and their families sets the stage for students to adopt, and maintain, the same high standards. Comprehensive coverage addresses all of the issues pertinent to teaching students with severe disabilities, including both methodology and curricular areas, presenting topics in the chronological order in which a teacher would approach them: prior considerations; planning and assessment; general instructional procedures; and, finally, procedures specific to teaching learners with certain disabling conditions.

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Snell, M.E. (Ed.). (1993); New York: Merrill Publishing Co.

Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities

by Koegel, R., & Koegel, L., Editors (1995); Baltimore: Paul H. Brookes Publishing Co.

Teaching People with Developmental Disabilities

by Oregon Research Institute (1988); available from Research Press, Champaign, IL (Video)

Teaching Students with Moderate to Severe Disabilities: Use of Response Prompting Strategies

Wolery, M., Ault, M.J., & Doyle, P.M. (1992); White Plains, NY: Longman

Teaching Students with Severe Disabilities

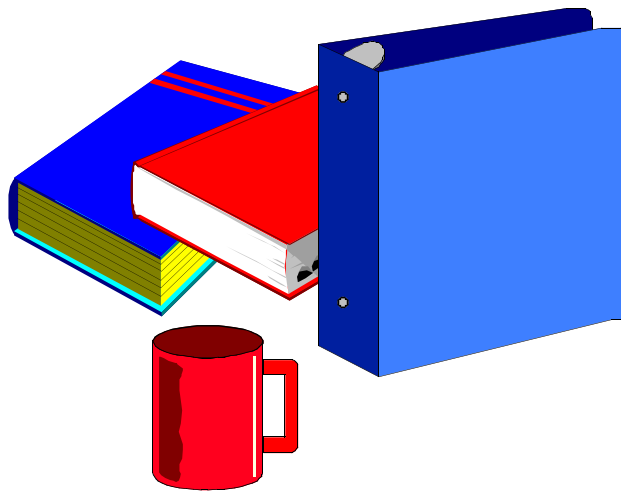
by Westling, D.L., & Fox, L. (1995); New York: Merrill Publishing Co.

Training to Teach in a Day: The Teaching-Skills Training Program Instructor's Manual

Reid, D. H., & Parsons, M.B. (1994); Morganton, NC: Carolina Behavior Analysis and Support Center

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #8 Outline

Teaching Strategies: Positive Feedback and Natural Times to Teach

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: #8
Topic: Teaching Strategies: Positive Feedback and Natural Times to Teach

Core Objectives: Upon completion of modules #7 and #8, the DSP should be able to:

- TS-1 Demonstrate the ability to identify the steps required to complete a task or activity.
- TS-2 Apply least-to-most assistance and/or prompts.
- TS-3 Demonstrate the use of positive feedback.
- TS-4 Demonstrate the ability to follow a plan for successful teaching.
- TS-5 Demonstrate the ability to do individualized teaching.
- TS-6 Demonstrate the ability to assess and teach individual choice-making skills.
- TS-7 Assess the effectiveness of teaching.

Time:

<i>Introduction, Key Words, and Review Questions</i>	5 minutes
<i>Review of Task Analysis and Prompting Overview of Positive Consequences, Discussion of Homework and Activity</i>	20 minutes
<i>Discussion, Demonstration and Practice of Positive Consequences</i>	30 minutes
<i>BREAK</i>	20 minutes
<i>Discussion, Demonstration of Error Correction</i>	15 minutes
<i>Practice of All Teaching Strategies</i>	20 minutes
<i>Identification of Teaching Errors</i>	10 minutes
<i>Teaching During Natural Routines</i>	10 minutes
<i>Review Homework Activity</i>	15 minutes
<i>Demonstration of Teaching During Natural Routines</i>	10 minutes
<i>Attaining an Enjoyable Life</i>	5 minutes
<i>Presentation of Homework Assignment</i>	5 minutes
Total Time	180 minutes

(continued on next page)

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants; and
 - Flip chart paper and markers, or blank transparencies and overhead projector pens; water pitcher, glass or cup, table napkins, touch tone phone, personal address/phone book, magazine

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Introduction, Key Word, and Review Questions

Do

Show overhead #1

Say

Welcome to Session #8, part two on Teaching Strategies.

Do

Show overhead #2

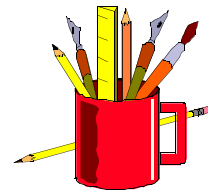
Say

Our review words for today's session (refer to page number in resource guide) are:

- Positive Consequence
- Reinforcer
- Praise
- Error Correction
- Natural Teaching

Your Presentation Notes

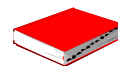
**Session 8:
Teaching Strategies:
Positive Feedback and Natural
Times to Teach**



Session #8, Overhead 1

Key Words

- **Positive Consequence**
- **Reinforcer**
- **Praise**
- **Error Correction**
- **Natural Teaching**



Session #8, Overhead 2

- documenting progress

Now, let's look at the review questions for this session.

Do

Show overhead #3 and #4

Say

Describe why it is important to use positive consequences in teaching.

Why is it a good idea to change the positive consequences we use as reinforcers when teaching?

Why is praise often used as a positive consequence?

Describe two ways we can help learners avoid making errors when learning a new skill.

Tell some ways we can identify teaching opportunities during the routine day.

What is a very important goal of teaching that DSPs should keep in mind when looking for times to teach during the daily routine?

Review of Task Analysis and Prompting

Do

Show overhead #5

Your Presentation Notes

In-Class Review

- **Why it is important to use positive consequences?**
- **Is it a good idea to change positive consequences?**
- **Why is praise used often?**

Session #8, Overhead 3

In-Class Review, continued

- **What are two ways to help learners avoid making errors when learning?**
- **What are ways we can identify teaching opportunities?**
- **What goal should we keep in mind?**

Session #8, Overhead 4

Last Session

We talked about:

- **Identifying skills to teach**
- **Establishing a relationship with the learner**
- **Using a task analysis**
- **Different types of teaching prompts**
- **Least-to-most assistive prompting**
- **Recording learner progress**

Session #8, Overhead 5

Say

Last session, we talked about:

- Identifying skills to teach
- Establishing a relationship with the learner
- Using a task analysis
- Different types of teaching prompts
- Least-to-most assistive prompting
- Recording learner progress

Do

Demonstrate correct use of task analysis and prompting using any of the skill task analyses or by having the DSPs help you come up with a task analysis for a skill not discussed in the previous class.

Ask

DSPs to divide themselves into groups of three for practice. Ask each DSP to practice following a task analysis and prompting.

Do

Show overhead #6 and #7

Say

During this session, we will be talking about:

- What is a reinforcer and how to find out about individual reinforcers

Your Presentation Notes

Last Session

We talked about:

- Identifying skills to teach
- Establishing a relationship with the learner
- Using a task analysis
- Different types of teaching prompts
- Least-to-most assistive prompting
- Recording learner progress

Session #8, Overhead 5

This Session

We will talk about:

- What is a reinforcer and how to find out about individual reinforcers
- Using praise and positive feedback as reinforcers
- Avoiding learner errors



Session #8, Overhead 6

- Using praise and positive feedback as reinforcers
- Avoiding learner errors
- Using reinforcement and error correction in teaching
- Teaching during natural routines
- Making teaching an enjoyable part of a happy life

Overview of Positive Consequences

Say

We all learn better when we are encouraged and positively motivated to learn. When teaching individuals with disabilities, providing positive consequences or rewards for an individual's effort can help the individual learn more quickly. Positive consequences used in teaching can take many forms. Praising the learner for correct performance is one way frequently used to motivate many individuals as they learn new skills. Opportunities to participate in preferred items and activities is another way to motivate an individual to learn a new skill. During this first part of the session, we will be talking about how to use positive consequences when we teach.

Your Presentation Notes

This Session, continued

We will talk about:

- **Using reinforcement and error correction in teaching**
- **Teaching during natural routines**
- **Making teaching an enjoyable part of a happy life**



Session #8, Overhead 7

Say

For homework, you listed three of the individuals with whom you work. For each of these people, you also listed things you know they like. These are items, events and/or activities that are positive consequences for these individuals.

Ask

Several of the DSPs to give you examples.

Say

However, some of these positive consequences may be helpful in motivating the learner and some may not.

Say

One of the most important teaching tools you will learn about in these classes is *reinforcement*.

Ask

If anyone has heard this term.

Do

Show overhead #8

Say

When a positive consequence follows a behavior and makes the behavior more likely to occur again in the future then the positive consequence is acting as a reinforcer. Therefore, a reinforcer is more than a

Your Presentation Notes

Reinforcement

Any item, event or activity that follows a behavior and makes the behavior more likely to occur again in the future



Session #8, Overhead 8

Resource Guide

Homework Activity:
Preferred Activities

List the names of three individuals with whom you work and teach. Beside each name list some of the items or activities that you know the individual likes.

Name	Preferred items and activities
1.	<div><div></div><div></div><div></div><div></div><div></div></div>
2.	<div><div></div><div></div><div></div><div></div><div></div></div>
3.	<div><div></div><div></div><div></div><div></div><div></div></div>

their resource guide titled *Identify the Positive Consequence* (refer to page number).

Do

You can choose to complete this activity individually, in small groups or as a whole group.

DSPs (or instructor) should read each scenario, identify the skill being taught and the positive consequence being provided to (hopefully) reinforce learning the skill.

After everyone has completed the activity

Discuss

During the discussion after completing the activity, note that sometimes reinforcers are a natural part of an activity. For example, when you make pizza, you get to eat pizza. "Looking nice" may be a natural reinforcer for grooming tasks.

Explain that completing some skills may not be naturally reinforcing at first. In such cases, staff must provide reinforcers to motivate learning.

Emphasize that the only way to know for sure if a positive consequence is functioning as a reinforcer is to check to see if the skill improves over time.

Your Presentation Notes

Activity: Identify the Positive Consequence

Read each scenario. Underline the skill being taught and circle the positive consequence used to support learning.

1. Henry is learning to prepare a pizza. After Henry has completed all the steps in the task analysis for preparing the pizza, he can eat the pizza.
2. Lisa is learning to balance her checkbook. When she correctly subtracts a check from her previous balance, the DSP smiles and says, "You got that one right!"
3. Jackie is learning to cross the street in town. The first step in the task analysis is to press the crosswalk button. The DSP says, "Jackie, press the button" and Jackie presses the button. The DSP pats Jackie on the back.
4. Anna, a child with multiple severe disabilities, is learning to look at the teacher when the teacher calls her name. When the DSP calls her name, if Anna looks in the DSP's direction, the DSP gives Anna her favorite toy.

Say

Everyone has a unique set of reinforcers.

Ask

DSPs to name some of their reinforcers.

People are likely to name many different things. Some may identify money as their reinforcer. Point out that money is a reinforcer not for the money itself (for example, coins and dollars) but because of what the money can buy. The things for which people spend their discretionary money are usually different for each individual.

Say

No single item or event is reinforcing to everyone. An important job of staff is to identify the reinforcers unique to the individual being taught.

Do

Show overheads #10 and #11

Say

There are several ways to figure out what kinds of consequences are potential reinforcers for individuals. One way is ask the individual or the individual's family or friends what things are preferred. Another way is to observe the kinds of activities the individual participates in during free time.

Your Presentation Notes

Finding Out About Reinforcers

- **Ask individual (friend, family member) what things the individual likes and dislikes**
- **See what the individual does during free time**



Session #8, Overhead 10

Ideas for the kinds of items and/or activities that may act as reinforcers can come from encouraging the individual to make choices from a variety of items or events.

The things an individual chooses often have a greater likelihood of acting as a reinforcer in a teaching situation than the things an individual rarely chooses. However, the most precise way to determine if a consequence is a reinforcer is by repeatedly providing the consequence following a behavior and checking to see if the behavior improves over time.

Say

It is important to change reinforcers frequently during teaching. When a consequence is provided too often, the consequence can lose its reinforcing value. For example if an individual is provided with extra time to look at magazines as a frequent reinforcer, the individual may begin to lose interest in magazines. When many types of consequences function as reinforcers for an individual, reinforcers can be varied and may be less likely to lose reinforcing value. As a result, individuals who respond to a variety of reinforcers have more opportunities to learn.

Say

The most common type of positive consequence used in teaching is praise and

Your Presentation Notes

Finding Out About Reinforcers

- **Provide choices of items, events and activities to see what the individual chooses**
- **Use an item, event or activity as a reinforcer when teaching a new skill to see if the skill improves over time**

Session #8, Overhead 11

positive feedback. Praise and positive feedback often function as reinforcers for all of us. There are a number of advantages to using praise and positive feedback as reinforcers.

Do

Show overhead #12

Do

Describe the advantages of using praise as a reinforcer.

Say

However, even praise and positive feedback do not function as reinforcers in all teaching situations.

Ask

DSPs think of someone they dislike.

Ask if positive feedback from the person they dislike would be a motivator for them.

Say

In the previous class, you learned that one of the first things you should do is develop a positive relationship with the learner. Having a positive relationship with the individual helps to make your praise and feedback more reinforcing. Another way to make praise more reinforcing during teaching is to pair praise with other known reinforcers. For

Your Presentation Notes

Advantages of Using Praise

- **Praise is a normal consequence**
- **People rarely get tired of it**
- **It's readily available and costs nothing**
- **Can be provided briefly without stopping an ongoing activity**

Session #8, Overhead 12

example, if playing a special video game is a reinforcer for a young man who cleans the kitchen after dinner, the DSP should tell the young man how nice the clean kitchen looks at the same time the video game is provided. By frequently pairing praise with known reinforcers, praise alone may become a reinforcer after a time.

Discussion, Demonstration, and Practice of Positive Consequences

Say

When teaching, we can provide a positive consequence after each correctly completed step and when the learner has correctly completed the whole task. Praise is a good reinforcer to provide after the learner completes a step within a task analysis because praise usually does not disrupt the teaching process. Preferred items and activities can be provided as reinforcers after the individual completes the whole task. As the individual learns to do more of the task steps independently, the frequency of reinforcement during teaching can be reduced.

For example, if Jason rarely needs prompts to complete steps within the skill of tooth brushing, praise is not needed for each step such as after turning on the water, wetting his

Your Presentation Notes

toothbrush, etc. However, the DSP should provide a positive consequence for completing the whole task until the person has learned to use the skill on a routine basis and natural reinforcers (having clean teeth and fresh breath) maintain the skill. In Jason's case, a positive consequence such as praise or the opportunity to listen to his radio could be provided when he completes the whole task of tooth brushing until Jason learns to perform the skill routinely and having clean teeth becomes important to him.

Do

Demonstrate the use of positive consequences using any of the task analyzed skills you have been using during these classes, or the one provided (setting the table).

Show the overhead with the selected task analysis (or **Show overhead #13** as provided). The first time the skill is demonstrated, provide praise after each correctly performed step and provide praise paired with a magazine (mention that this is a magazine that the person likes) at the end of the task.

During the second demonstration, ask the DSP who is playing the role of a person with disabilities to do more of the steps

Your Presentation Notes

Calling a Friend on the Telephone

1. Open personal address/phone book
2. Find page with friend's name and number
3. Locate the name of the friend to be called
4. Locate the number of the friend to be called
5. Lift the receiver of phone
6. Listen for dial tone
7. Find and press the first number
8. Find and press the second number
9. Find and press the third number
10. Find and press the fourth number
11. Find and press the fifth number
12. Find and press the sixth number
13. Find and press the seventh number
14. When phone is answered, ask for the friend

Session #8, Overhead 13

independently. During the second demonstration, do not provide a positive consequence after steps performed independently but provide praise paired with the opportunity to look at the magazine after the whole task is completed correctly.

Have groups practice using positive consequences during a role play in small groups.

During the role play, the DSP who is acting as the teacher should teach the skill of napkin usage by applying all the necessary teaching skills learned so far (for example, following a task analysis, prompting, providing positive consequences and recording progress).

BREAK for 15 minutes

Discussion, Demonstration of Error Correction

Say

It is important to minimize errors while an individual is learning a new skill. Individuals will learn more quickly if they are able to practice a new skill while making minimal or no errors relative to initially practicing the task with many errors. An error is when a

Your Presentation Notes

person engages in a behavior that is incompatible with completing a designated step in the skill task analysis.

For example, if a learner is being instructed to pick up a napkin and the individual tosses the napkin to the floor, the tossing of the napkin represents an error. If the DSP sees that the learner is about to make a error on one of the steps of a skill, the DSP should increase assistance (give a more assistive prompt) to help the individual avoid making the error. However, as anyone who has ever taught will agree, learner errors will occur during teaching.

Do

Show overhead #14.

Say

Once an error occurs, the DSP should start using an error correction strategy to make sure that the error does not occur on the second attempt. Appropriate error correction is when a DSP reprompts the correct completion of the incorrectly completed step by providing more assistance with the step than was previously provided. In addition, sufficient assistance should be provided so that the individual completes the step correctly on the second attempt. For example, if the learner has been verbally prompted to pick up the napkin but tosses

Your Presentation Notes

Error Correction Procedure

- **Stop when the error occurs**
- **Return to the step in the task analysis just before the error**
- **Ask the individual to repeat the step and provide more help to ensure success**

Session #8, Overhead 14

the napkin on the floor instead, the DSP should return the napkin to the learner's lap, provide a more assistive prompt than the verbal prompt (i.e., a gesture or physical prompt) and ensure that the second prompt is helpful enough so that individual correctly completes the step of picking up the napkin. By providing assistance in this way, the probability of errors is decreased because a person should never make more than one error on a given step of the task analysis during a teaching session.

Do

Demonstrate correct teaching by following a task analysis and providing appropriate prompts, reinforcement and error correction using any task analysis from the previous class.

In order to demonstrate correct error correction, the instructor should tell the DSP who is playing the role of an individual with disabilities to make at least one error during the demonstration.

Do

Show overhead #15 and #16.

Say

Some common errors that a DSP might make in implementing reinforcement and

Your Presentation Notes

Common Mistakes

In reinforcement and error correction:

- Individual completes step incorrectly, but DSP provides positive consequence
- DSP allows individual to make error and does not stop and correct error

error correction strategies might include: reinforcing a step that the individual completes incorrectly, failing to correct an error made by the individual by not responding to the error in any way, providing a prompt during the individual's second attempt at a program step that is less helpful than the prompt provided on the first attempt at the step, and providing increased assistance on the second attempt of a step but the level of assistance is not enough to prevent a second error.

Do

Demonstrate using reinforcement and error correction making one or two of the mistakes just described.

Ask

DSPs to tell you the mistakes you made and how you should have conducted the teaching session.

Ask

DSPs to divide into their practice groups.

Do

They should practice following the steps of a task analysis, prompting, reinforcement, error correction and progress recording.

Assign a task analysis for each group to follow (depending on the materials the instructor may have available.)

Your Presentation Notes

Common Mistakes (continued)

In reinforcement and error correction:

- **Learner makes error, but DSP does not provide additional help on second time**
- **Learner makes error and DSP provides more help when individual tries the step again, but learner makes an error again on the same step**

Session #8, Overhead 16

Demonstration of Teaching During Natural Routines

Say

During the last two classes, we have been talking about how to teach in a rather formal way. That is, you have learned to teach during teaching sessions when you are typically working 1:1 with an individual. Formal teaching sessions are usually arranged by staff. For example, you may decide that 3:00 in the afternoon is a good time to work with Lucinda on using the telephone to call her friends.

Formal teaching sessions may be important in the early stages of learning to ensure that the individual gets enough practice on the new skill to learn it. However, it is also important to teach the skill at any time during the day or in any place when and where the need for the skill arises.

For example, a natural time during the day for Lucinda to practice using the telephone could be when the group decides to order a pizza for supper. Lucinda could make the telephone call to place the order.

Do

Review the homework activity. For each of the skills listed on the activity sheet, the DSPs should have listed times during the day when

Your Presentation Notes

Homework Activity: Natural Teaching Times

In the first column list the name of an individual with whom you work. In the second column, list one of the skills you are teaching or would like to teach him or her. In the third column, list times during the day the skill is needed or activities the person does in which the skill could be practiced. An example has been included.

Name	Skill being taught	Times of day or activities in which the skill could be practiced
Joe	Handwashing	Before meals, after using the restroom, after messy activity

the skill may be needed and could be taught. Ask the class to name a skill and the natural times during the day when the skill may be taught.

Say

It is important to give individuals many opportunities to learn and practice those skills that have been identified as priorities for teaching. There are countless opportunities to teach many different skills throughout the day. DSPs can use the teaching skills they have learned to teach during the natural routine as individuals encounter things that they do not know how to do but could learn to do.

As indicated at the beginning of these two class sessions, the more things an individual can do independently, the more control the individual has over his/her life. Typically, the more control we have over our lives, the more enjoyable our lives become. DSPs should be on the "look out" for opportunities to teach new skills throughout the day and in all environments.

Do

Show overhead #17

Say

Opportunities to teach can be signaled by (#1) an individual attempting a new skill.

Your Presentation Notes

Good Times to Teach Are When

- 1. An individual tries a newly learned skill**
- 2. An individual asks for help to complete a task**
- 3. A staff member is completing tasks for an individual that the individual could learn to do**



Session #8, Overhead 17

When Paul uses his napkin to wipe his mouth during a meal which he rarely does without being asked, it would be important to reinforce Paul so he will be more likely to wipe his mouth at future meals. An opportunity to teach may be indicated also when (#2) an individual requests assistance in completing an activity. For example, when Maria asks for help in zipping her coat, prompting, reinforcement and error correction can be used to teach Maria to zip her coat independently (of course it may take many of these brief teaching sessions for her to learn the skill). Another way an opportunity to teach may be indicated is when (#3) a DSP is doing things for an individual that the individual could reasonably learn to do for himself or herself.

Ask

Group to think of the routine in the setting where they work. What things do DSPs do for the individuals whom they support that these individuals could learn to do either completely or in part?

Do

Using role play, demonstrate how to conduct a brief teaching session when an opportunity arises in the natural routine. The role play might involve a visitor coming to a home. The instructor could demonstrate teaching an individual to shake hands as a form of

Your Presentation Notes

Good Times to Teach Are When

- 1. An individual tries a newly learned skill**
- 2. An individual asks for help to complete a task**
- 3. A staff member is completing tasks for an individual that the individual could learn to do**



Session #8, Overhead 17

greeting. Use prompting, error correction (if necessary) and reinforcement when demonstrating how to teach the skill.

Attaining an Enjoyable Life

Do

Show overhead #18

Say

Although encouraged to look for opportunities to teach throughout the day, DSPs should keep in mind that teaching should be balanced with many opportunities for individuals to participate in preferred activities that may not require teaching. The overall goal should be to help individuals with disabilities enjoy their lives. Although learning new skills can contribute to life enjoyment, DSPs must be careful not to let teaching interfere with an individual living a happy, fulfilling life.

Say

That ends our two sessions on teaching strategies.

Your Presentation Notes

#1 Goal

Help individuals whom we support to have enjoyable, fulfilling lives



Session #8, Overhead 18

Homework Assignment

Say

At our next meeting, we will be looking at how to help people make acquaintances, connections and friends. Before that meeting, please answer two questions:

1. Think about and write out five things that your friends say they like **about you**.
2. Think about and write down how you met two of the people you call friends.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*. Any questions? See you next time

Your Presentation Notes

Homework Assignment for Session #9: Making Connections

Directions: At our next meeting, we will be looking at how to help people make acquaintances, connections and friends. Before that meeting, please do the following:

- 1. Think about and write out five things that your friends say they like about you.**

-

-

-

-

-

- 2. Think about and write down how you met two of the people you call friends.**

-

-

If You Want to Read More About Teaching Strategies

Curricular and Instructional Approaches for Persons with Severe Handicaps

by Cipani, E., & Spooner, F., Editors (1994); Boston: Allyn and Bacon; ISBN: 0205140904.

Presents information and techniques instrumental in training teachers in the field of severe disabilities. Includes contributing authors who are recognized experts on the topic. Explains the current technologies and practices that best work in the classroom. Provides an overall reference for teaching practices, including procedures, programs, assessment instruction and research, concerning students with severe disabilities.

Instruction of Students with Severe Disabilities

by Snell, M.E., Editor (1993; 4th ed; New York: Merrill Publishing Co.; ISBN: 0024137510

Featuring ten completely new chapters, and eight chapters extensively revised, the Fourth Edition of this highly-successful book provides a complete portrayal of the status of education as it pertains to students with severe disabilities.

Teaching Students with Severe Disabilities

by Westling, D.L., & Fox, L. (1995). New York: Merrill Publishing Co.; ISBN: 0024265810

This is a straightforward, practical text for future teachers of students with severe disabilities...one whose high level of respect for persons with disabilities and their families sets the stage for students to adopt, and maintain, the same high standards. Comprehensive coverage addresses all of the issues pertinent to teaching students with severe disabilities, including both methodology and curricular areas, presenting topics in the chronological order in which a teacher would approach them: prior considerations; planning and assessment; general instructional procedures; and, finally, procedures specific to teaching learners with certain disabling conditions.

References for this Session

Applied Behavior Analysis for Teachers (5th ed.)

by Alberto, P.A., & Troutman, H.C. (1999). New York: Merrill Publishing Co.

Curricular and Instructional Approaches for Persons with Severe Handicaps

by Cipani, E., & Spooner, F., Editors (1994); Boston: Allyn and Bacon

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Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities

by Koegel, R., & Koegel, L., Editors (1995); Baltimore: Paul H. Brookes Publishing Co.

Teaching People with Developmental Disabilities

by Oregon Research Institute (1988); available from Research Press, Champaign, IL (Video)

Teaching Students with Moderate to Severe Disabilities: Use of Response Prompting Strategies

Wolery, M., Ault, M.J., & Doyle, P.M. (1992); White Plains, NY: Longman

Teaching Students with Severe Disabilities

by Westling, D.L., & Fox, L. (1995); New York: Merrill Publishing Co.

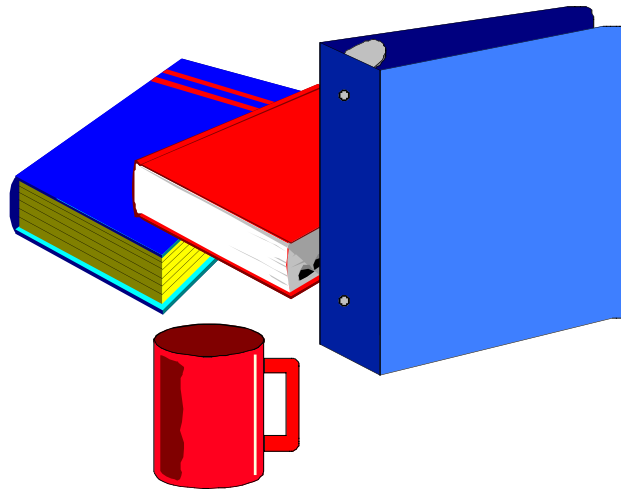
Training to Teach in a Day: The Teaching-Skills Training Program Instructor's Manual

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Your Presentation Notes

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #9 Daily Living

**Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 9
Topic: Daily Living

Core Objectives: Upon completion of this module, the DSP should be able to:

DL-1 Recognize and support the individual's daily routine.

DL-2 Support individuals in establishing and maintaining relationships with family and friends.

Time:	<i>Review of Homework Assignment</i>	10 minutes
	<i>Key Words</i>	5 minutes
	<i>Review Questions</i>	5 minutes
	<i>The Importance of Individual Routines</i>	55 minutes
	 <i>BREAK</i>	 15 minutes
	 <i>Review of Homework Assignment</i>	 15 minutes
	<i>Developing Friendships</i>	65 minutes
	<i>Homework Assignment</i>	10 minutes
	 Total Time	 180 minutes

Materials:

- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
- Hard copy of overheads or disk with PowerPoint presentation; and
- *DSP Resource Guide* for all class participants.

Preparation

Instructor should read over the presentation outline becoming thoroughly familiar with the information and instructions for presentation. The information could be presented verbatim or paraphrased as long as the essential information is conveyed.

Review of Homework Assignment

Do

Show overhead #1

Say

Welcome to Session #9, Daily Living.

Please keep your homework assignment until the second part of today's class. We'll review it at that time

Key Words

Do

Show overhead #2

Say

In the front of your resource packet, you will find a list of key words that you will hear a lot about during today's session. They are:

Individual Routines

Relationships

Friendships

Social Skills

Your Presentation Notes

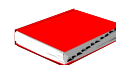
Session 9: Daily Living



Session #9, Overhead 1

Key Words

- Individual Routines
- Relationships
- Friendships
- Social Skills



Session #9, Overhead 2

Review Questions

Do

Show overhead #3

Say

In addition to the key words, there are some important points to remember from today's sessions. As always, you will find those points summarized in the review questions. Those questions are in your resource packet right after the key words. The review questions for today are:

1. What is the importance of individual routine in our daily life? Why is understanding someone's routines so important?
2. What can you do to encourage the development of relationships?
3. What is the value to helping people develop friendships?
4. What are some of the social skills a person might need to encourage friendship?
5. What can you do if you feel unprepared to answer questions about issues relating to intimate relationships?

Your Presentation Notes

In-Class Review

- What's the importance of individual routines?
- What's the value of friendships and how do you support them?
- What are important social skills?
- How can you prepare to answer questions about intimate relationships?

Session #9, Overhead 3

The Importance of Individual Routines

Say

Today we'll be looking at what gets us through the day. In this section, we'll be looking at our own personal daily routines and how we make friends. It is important for us to understand how these things work for us, to make us better able to help others.

Our individual routines begin early each day. Each of us has our own morning routines. These routines provide a comfort to us. At some level, how this part of the day goes might determine how the rest of the day might go. If your alarm clock didn't go off as planned, wouldn't that change the way the rest of your day might go?

Please pull out the handout marked Daily Routines from your packet. For the next 15 minutes, I want you to write EVERYTHING you do from the minute you wake up in the morning until you begin work. I want you to be very detailed. If you shower, write down the order in which you clean yourself, how (if you do) you get shampoo on your head, when you (if you do) get your first cup of coffee, how many times you hit the snooze alarm (if you do). You get the point. You will be sharing these, so don't include things that you make you feel uncomfortable.

Your Presentation Notes

Activity Daily Routines

Write down, in as much detail as possible, everything you do from the minute you wake up in the morning until you arrive at work. Be very specific. You will be sharing this list, so don't include things that might embarrass you.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

After 15 minutes-

Say

Now I would like you to exchange your list with a partner in the class. Please read their morning list of individual routines.

Ask

How many of you could start your day with your partner's plan?

How would your life change if you had to start your day like your partner?

For discussion

People should be acknowledging how difficult it would be, and recognizing how important it is not to impose our own daily routines on others. People might start talking about the importance of structure and how much needs to happen in a home in the morning.

You can say that some of the things of everyone's list might include silly things that really matter to us. You can ask people if washing their face first or last makes a difference to them. It does to many people. Then you can ask how they might feel if they were forced to change the way they get ready for work just because it's important to someone else.

Your Presentation Notes

How many of you shower in the morning?

Could you easily switch to showering in the evening?

Could you start taking baths because that was important to someone else?

Do we know the individual routines that are important to the people we support?

How can we find out what's important to people?

Can you imagine how it might be for someone who wants to wash his or her face first, but doesn't have words to say that. That person might have one support person who helps him or her wash their face last, and one who helps them wash their face in the middle of cleaning up. And there could be other ways depending on how many staff support the person.

What have we learned from this exercise?

The point should be made that we have to respect those individual routines that are important to the people we support.

What other routines do we have in our lives?

Your Presentation Notes

Do

Show overhead #4

Individual Routines

- Daily
- Weekly
- Monthly
- Yearly
- Life cycle

Ask

What are some other daily routines? People might say eating meals, reading paper, watching news.

Do

Write on overhead transparency or on flip chart paper if using PowerPoint

Ask

What are some weekly routines? People might say going to church, payday, reading the Sunday paper, dry cleaning, washing clothing, food shopping.

What are some monthly routines? They could include paying bills, and paying rent.

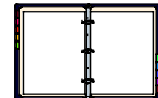
What are some yearly routines? They could include Christmas, Chanukah, paying taxes, renewing insurance, taking vacation, birthday celebrations, and an annual physical.

What are some life cycle routines? They could include getting a driver's license,

Your Presentation Notes

Individual Routines

- Daily
- Weekly
- Monthly
- Yearly
- Life cycle



Session #9, Overhead 4

Resource Guide

Discussion
Routines, Routines, and More Routines

Daily

Weekly

Monthly

Yearly

Life cycle

funerals, weddings, graduations, milestone anniversaries and birthdays.

Say

Now that we have an understanding of the importance of individual routines, are there some things you might do differently where you work?

Break for 15 Minutes

Review of Homework
Assignment

Say

Let's spend a few minutes on the homework assignment. What are the things that your friends like about you? Who would like to share something that a friend likes about you?

After 3 minutes of collecting positive attributes about people

Say

It's important to know why people like us. In order to make friends, it is critical to *be* a friend. Sometimes the people we support lack the social skills to be a friend. We can support people in learning those skills. We'll be talking about what skills are necessary to

Your Presentation Notes

Homework Assignment for Session #9: Making Connections

Directions: At our next meeting, we will be looking at how to help people make acquaintances, connections and friends. Before that meeting, please do the following:

1. Think about and write out five things that your friends say they like about you.

-

-

-

-

-

2. Think about and write down how you met two of the people you call friends.

-

-

meet people in a moment. Let's first look at the many ways that people fit into OUR lives.

Developing Friendships

Do

Show overhead #5

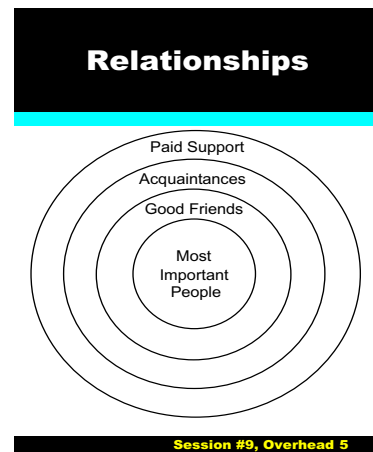
Say

In your packets, each of you has a sheet of paper with 4 circles on it. The labels tell you a little of what we will be doing with that paper. In the very center, please write the people in your life with whom you are closest. Use first names or initials, whichever you prefer. These names might include a husband, wife, partner, parent, sister, or other relative. These are the people you have the most intimate relationships with. If any of these people were not in your life, your entire life would be different.

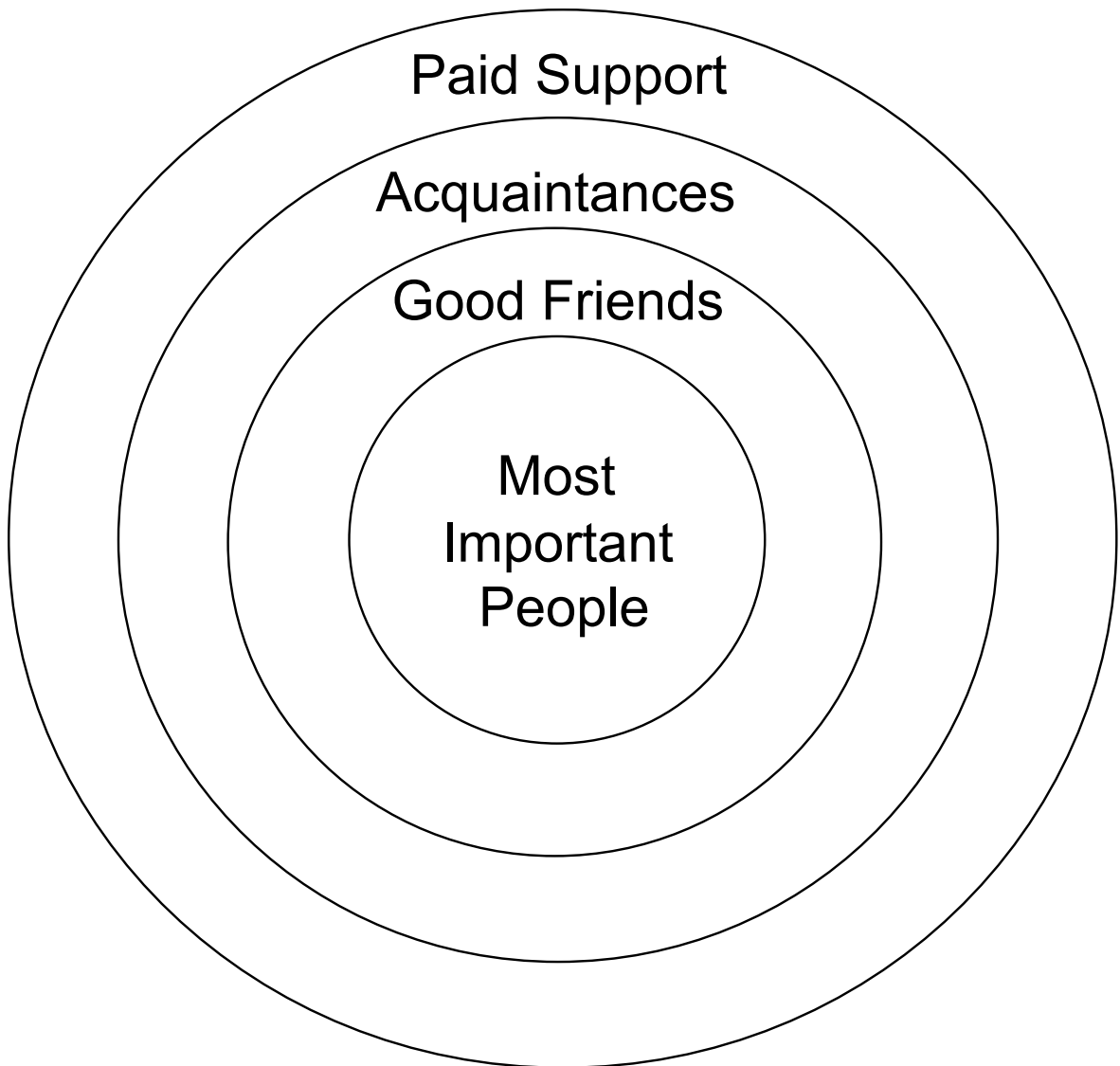
The second circle is for people you call friends. These are people who would remain in your life if they moved. You would still be in touch.

The third circle is for acquaintances. That could include people you work with, people you take classes with, people on your bowling team, or your bicycle club. These

Your Presentation Notes



Activity
Your Circle of Friends



are people you see regularly. If any of these people moved, you'd probably still send holiday cards.

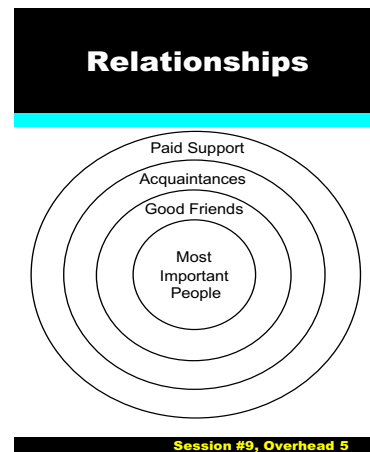
The fourth circle is for people who know you well, but when you get together you have to pay. That could include your doctor, a dentist, a psychologist or social worker, a manicurist, a hair stylist, a barber.

Now let's look at what these circles mean.

Most people have few names in the center circle. This is true for people with disability labels as well as for people without disability labels. There are certainly some people who you support who have no family in their lives. But most people have at least one person in that circle, and generally up to five names.

In the second circle, most people without disability labels have about five names. Most people with disability labels who have done this exercise have no names in that circle. When names are mentioned, they tend to be the names of staff members. There is no doubt these relationships are important, but the friendship would not likely exist without the pay going to the staff person. Sometimes, a person from another program will develop a relationship with someone we support. Those relationships do not always last. They

Your Presentation Notes



tend to fade after one of the people leaves the program.

In the third circle, most people without disability labels have about 5-10 names. Again, people with disability labels often times have no names in that circle.

In the fourth circle, most people without disability labels have about 5-10 names. People with disability labels may have anywhere from 15-50 names in that circle. If a person lived in a place with three shifts of staff each day, with different staff on weekends, and doctors, nurses and other health care workers coming into his/her life, it's easy to get to 50 names. Add to that different people during day program hours.

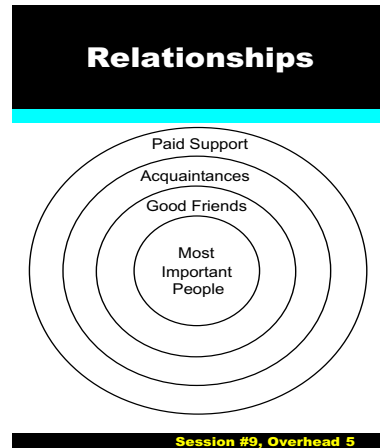
Here are a few questions to discuss:

How do you know the people in your third circle?

Did any of the people in circles 1 and 2 originally start in circle 3?

Circle 3 is a very important circle. That's where the activities of life occur. Those are the people we know because we share activities and interests together. Those are other choir members, classmates, sports team members, cousins, etc. These activities are usually ones in which the possibility exists for

Your Presentation Notes



conversation. In a book called *The Great Good Place* – *cafes, coffee shops, community centers, beauty parlors, general stores, bars, hangouts and how they get you through the day*, the author talks about the places where everyone knows one another and people are there to talk.

Do you know people from any of the places mentioned? Let's think about how we can help people to fill in more people in circle 3.

What ideas do you have?

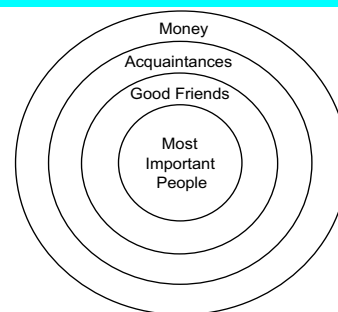
People might say: Enroll in adult education classes, join the local gym, try to assist someone to join the church choir, encourage people to work on political campaigns, helping people to volunteer to work at community events.

People might also say: Go to the mall, go to the movies. Remind people that we are looking for places where people get together to talk.

Let's look at relationships that people have with other people with developmental disabilities. We want to recognize the importance of those relationships. You will want to provide whatever encouragement you can for maintaining friendships that people develop in their day programs. The temptation might be to only "hang out" with

Your Presentation Notes

Relationships



Session #9, Overhead 5

people who live together. Very often, people want to have relationships outside of their homes. They might need support, which could mean transportation or could mean personal assistance.

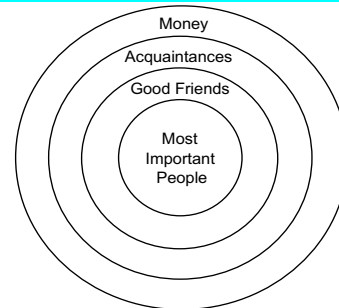
Let's look now at relationships that people have with people who do not necessarily have developmental disabilities. Those relationships need to be based on sharing interests – so how will we find out what people are interested in?

Some of you might be concerned about how to develop those relationships. You might be fearful of a person's behavior making him or her unwanted by community members. Or fearful that people will make fun of them. Or fearful that community members might take advantage of the people you support. Or afraid that people won't want to be at the same activity with people who have disabilities.

Many people find that once they find an activity they can share with others, the activity becomes the basis for the friendship. And, people don't need to be especially talented to share activities together. For example, where is the talent among a group of people who get together to watch a sporting event on television. The talent is on the screen, yet there is a chance for people to

Your Presentation Notes

Relationships



Session #9, Overhead 5

talk to one another and share their interest in the game.

Some people worry about whether the people we support will be accepted especially if the person has unusual behaviors. If you look back at your second and third circles, you will probably find some people who do unusual things that annoy you, but you have come to accept those things as parts of that person. That's because it's the interests you share that keeps you connected.

Jeff Strully, a service provider from the Los Angeles area, reminds us of what he calls "The Cheers Phenomenon." Cheers was a situation comedy on TV for years. Cheers was a bar in Boston where, as the song said, "everybody knows your name, and they're always glad you came." Each of the characters at Cheers had some abnormal behavior. Carla the barmaid was nasty, Sam the owner took advantage of women, Frasier was pompous, Norm didn't move from the bar stool, Cliff the postman was a "know-it-all." Yet, this was the place they all came together, and accepted things about each other – accepted the great things about each other, as well as the unusual things. The people we support can be accepted by people once they have the chance to get to know others and have others get to know them.

Your Presentation Notes

People deserve to have the chance to get to know people regardless of the severity of their disability. This is not easy work to do. And, developing friendships does not happen quickly. Chances are that you have known the people in circle 2 for a long time.

Here is a story about a situation which worked. You may have others to share that show how people can make friends. Peter lives in a home with five other men. Several of the men go to church together each Sunday. The church choir director noticed that Peter had a wonderful voice and wanted to include him in the church choir. The house manager was very concerned about Peter being away from her and being with people who didn't know him well. He had occasional behavior outbursts that she didn't feel she could explain. But Peter really wanted to be in the choir. It was his chance to do something he enjoyed and get to do something away from home. For the first four rehearsals, the manager took Peter to the church and picked him up when rehearsal ended. On the night of Peter's fifth rehearsal, one of the choir members commented that she drove right near the home on her way to church. She wondered if she could pick Peter up for practice and return him home. That worked for the next five rehearsals. At the tenth rehearsal, another choir member said that many of the

Your Presentation Notes

choir members go out for coffee after rehearsal. They wondered if Peter could join them for coffee. And he is now one of the Choir to Coffee bunch.

Is this true friendship? Is it the start of friendship? Is it a chance for friendships to develop? There are now a lot more people who know Peter and who care about Peter, and he is doing something he enjoys doing.

Maybe some of you have stories of people who have made friends because they shared an interest with someone else.

What are some of the reasons it is important for us to be working on friendships with people?

Do

Show overhead #6

Why work on friendships?

- Friendships are important to all people
- Health and well-being is improved
- Balancing the number of people who are paid to be part of someone's life with people who are just friends
- More power and control
- Reducing personal stress and staff burnout
- Giving back to the community

Your Presentation Notes

Why Work on Friendships?

- Friendships are important to all people
- Health and well-being are improved
- Balancing paid persons with friends
- More power and control
- Reducing stress/burnout
- Giving back to community

Session #9, Overhead 6

Say

We know that friendship is important to all people. There is evidence that people get better knowing that someone cares about them. Don't you like it when someone calls when you are not feeling well, just to see how you are doing?

We want to get to a point where there is a balance between the number of people who are paid to be in a person's life and the number of people who are just friends.

People say that they feel in control when they have a friend who supports them. It is easier to go to an IPP meeting and ask for something that professionals may not support when you have a friend who believes in you. Let's talk about how this reduces the burnout for DSPs. If people have no one else in their life, you are the mother, the father, the sister, the brother, the aunt, the uncle, the friend, the everything. This is a lot of responsibility. If people have others in their lives, they benefit and you benefit.

Sometimes an individual might choose an activity that allows him/her to give back to the community and have a chance to meet others as well. Maybe they want to work at the voter registration center, reminding people to register to vote. They meet people and perform a community service.

Your Presentation Notes

The people we support are often in a position of need – needing transportation, needing funding. If a person has a friend for whom they can purchase a birthday card, that person has given something back.

Does anyone have other reasons why it is important to work on friendship?

Say

There are some skills that people may need as relationships grow and develop.

Do

Show overhead #7

Say

Being a friend includes:

- Resolving problems
- Keeping friendships
- Terminating friendships as necessary

There may be times when DSPs have to assist people in finding ways to resolve differences between friends. Not everyone has the skill to easily solve problems.

People may need assistance with transportation and money management to keep friendships going. Someone might need help planning an activity with a friend. And there may be times when it is a good thing for a friendship to end. Not every relationship is good for both parties. People might need support in dealing with hurt,

Your Presentation Notes

Being a Friend

- **Resolving problems**
- **Keeping friendships**
- **Terminating friendships as necessary**
- **Good communication**



Session #9, Overhead 7

anger or how to initiate ending a relationship.

It is important for people to have ways to communicate – as we discussed in an earlier session. People need to know what questions to ask to get to know a person better, how close to stand when talking to someone, how to say no in situations that make them uncomfortable, which people are okay to spend more time with, and which are people they should not spend more time. Individuals may find themselves in new situations needing a way to solve problems with and without staff support.

You may be working with an individual who shows an interest in having a closer, more personal relationship with someone. If so, it is important that you be ready and available to talk to about their special relationship and what it means. You may need to provide information about the potential benefits, responsibilities, and risks of such a relationship.

Most people have very strong personal beliefs about intimacy. These beliefs originate from religious, cultural, familial, and/or other experiences. Your job as a DSP is not to change the beliefs of others to yours, but to talk to the individuals you support about their beliefs, and to provide accurate information about issues related to special relationships.

Your Presentation Notes

Being a Friend

- Resolving problems
- Keeping friendships
- Terminating friendships as necessary
- Good communication



Session #9, Overhead 7

Many people feel uncomfortable talking about relationships and intimacy. If so, you are encouraged to look for resources so that you can learn more and feel comfortable and confident talking with individuals about their special friendships. There is a lot of material in your handout packet, and you can check with a regional center service coordinator for additional local resources.

Say

Does anyone have questions about the material we covered in class today? We covered the importance of respecting others' daily routines, and how to develop friendships. There is a lot of material in your handout packet if you want more information.

Homework Assignment

Say

At your next session, you will be talking about Individual Rights, Laws and Regulations. One of the laws you will talk about is the Americans with Disabilities Act (ADA). Here's an opportunity to find out what the ADA really means about physical accessibility. Grab yourself a tape measure and the *Accessibility Check List* in the back of your resource guide, then check out a public building. It could be a sheltered workshop,

Your Presentation Notes

place of business, large or small, such as a bank, grocery store, flower shop, your regional center or the place where you work. Be sure to check out a restroom too. Bring your completed survey to class to discuss.

Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*. Any questions? See you next time

Your Presentation Notes

Physical Accessibility Checklist

(Excerpted from Jewish Family and Children's Services)

When choosing a meeting site or checking a public building for physical accessibility, consider the following:

	YES	NO	N/A
1. If parking is provided, there should be reserved parking places that are clearly marked with the access symbol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There should be an unobstructed path of travel from the parking space to the curb cut to the building entrance or the event area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The entrance to the building should be at least 32" wide in order to accommodate a wheelchair. The doorway threshold should be no higher than 1/2". The entrance door(s) should open easily (automatic doors or levered handles; minimal pressure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Directional signs should be in large print or braille.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Building corridors should be at least 36" wide and free of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The meeting room or event area should be on the building entry floor or accessible by elevator. If the event is an open-air event, it should be held on a flat outside surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any ramped or steep areas should be sloped 1:10-1:12, must be durable (for portable ramps) and should have handrails on either side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. There should be brailled numbers on the elevator control panels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The meeting room entry should be a minimum of 32" wide, with a threshold no higher than 1/2" and with easily opened door(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For open-air events, there should be flat-surface area(s) for viewing/participation which has an accessible path of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The drinking fountains should be no higher than 48" from the floor, or if higher, then drinking cups should be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Telephones should be no higher than 48" from the floor and be equipped with sound amplifiers. TDDs should be available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In order to be accessible, a restroom facility should have the following factors:			
a. signage to indicate accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
b. entries free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
c. doorways with 32" minimum clearance width	<input type="checkbox"/>	<input type="checkbox"/>	
d. doorway threshold no higher than 1/2"	<input type="checkbox"/>	<input type="checkbox"/>	
e. easily opened door(s)	<input type="checkbox"/>	<input type="checkbox"/>	
f. restroom stall door which swings outward; at least 32" clearance width.	<input type="checkbox"/>	<input type="checkbox"/>	
g. stall at least 36" wide, 60" deep	<input type="checkbox"/>	<input type="checkbox"/>	
h. grab bars in stall	<input type="checkbox"/>	<input type="checkbox"/>	
i. raised commode 17-19" from floor	<input type="checkbox"/>	<input type="checkbox"/>	
j. faucets with lever-type handles	<input type="checkbox"/>	<input type="checkbox"/>	
k. basin with 30" clearance underneath and wrapped pipes	<input type="checkbox"/>	<input type="checkbox"/>	
l. towel racks and mirrors no higher than 40" from floor	<input type="checkbox"/>	<input type="checkbox"/>	

If You Want to Read More About Daily Living

A Guide to Consent

by Robert D. Dinerstein, J.D. , Stanley S. Herr, J.D., Ph.D., and Joan L. O'Sullivan, J.D.; (1999); AAMR, ISBN 0-940898-58-61

What happens when an individual with limited cognitive abilities makes a decision that could harm him or her? This book deals with the broad range of issues related to decision-making, including consent to sexual activity.

Rituals for Our Times: Celebrating, Healing, and Changing Our Lives and Our Relationships

by Evan Imber-Black and Janine Roberts ; (1992); Harper Collins, ISBN 0765701561

This book provided the background for Michael Smull's discussion on the importance of the routines in our lives.

Friendships and Community Connections between People with and without Developmental Disabilities

by Angela Novak Amado (1993); Paul H. Brookes Publishing Co.; ISBN 1-55766-121-9

Being "integrated" into a community goes beyond living in a home in a regular neighborhood. It means having friendships with others in that community who do not have disability labels . . . not merely be in the community but to be part of the community as well. There are a number of very touching and honest stories of friendships from people outside of the professional field of disabilities.

The Great Good Place – Cafes, Coffee Shops, Community Centers, Beauty Parlors, General Stores, Bars, Hangouts and How They Get You through the Day

by Ray Oldenburg (1997); Marlowe and Company; ISBN 1-56924-778-1

The book talks about places Oldenburg refers to as "third places," where people can get together and hang out just to enjoy people and have conversations. The book shows that we all have a strong need to associate with other people.

Just Say Know! Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities

by Dave Hingsburger (1995); Diverse City Press; ISBN 1-896230-00-8

Just Say Know! is an easy to read book full of powerful information and real stories about real people. Dave Hingsburger writes about the practices and assumptions the field has offered and how those practices and assumptions have hurt people with disabilities. Through the book, the notion that sex is a natural part of our lives is repeated as an important message for people as well as a way to help people to protect themselves from sexual assault.

Socialization and Sexuality: A Comprehensive Training Guide for Professionals Helping People with Developmental Disabilities that Hinder Learning

by Winifred Kempton (1993); Winifred Kempton Associates

This book offers information, resources and materials for teaching about sexuality and disability. The book is full of training materials for teaching sexual safety, sexual pleasure and responsibility.

References for this Session

Friendships and Community Connections between People with and without Developmental Disabilities

by Angela Amado (1993); Paul H. Brookes Publishing Co., Baltimore

Positive Rituals and Quality of Life

by Michael Smull (1994); at ASA website

<<http://www.napanet.net/business/personal/ASA/ASA.html>>

Presentation to Community Monitoring Teams (1995)

by Jeff Strully, Executive Director of Jay Nolan Community Services, Mission Hills, CA

Presentation to North Los Angeles County Regional Center (1994)

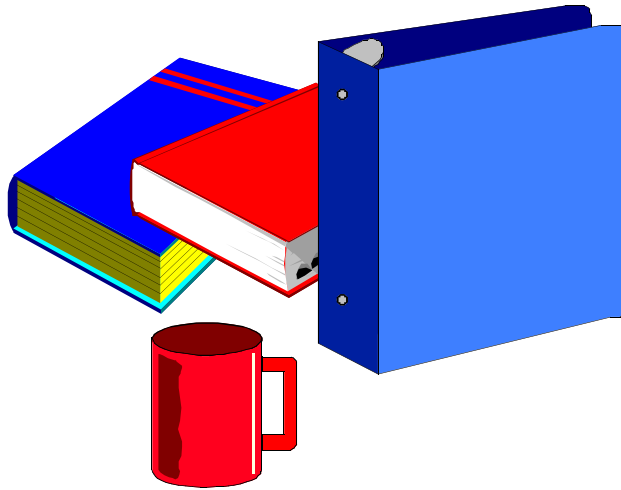
by Judith Snow

The Great Good Place – cafes, coffee shops, community centers, beauty parlors, general stores, bars, hangouts and how they get you through the day

by Ray Oldenburg (1997); Marlowe and Company, New York

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #10 Individual Rights, Laws and Regulations

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 10
Topic: Individual Rights, Laws and Regulations

Core

Objectives: Upon completion of this module, the DSP should be able to:

- IRLR-1 Demonstrate a basic understanding of the statutory and regulatory structure of services for people with developmental disabilities.
- IRLR-2 Understand and support individual rights and responsibilities.
- IRLR-3 Demonstrate correct procedures for mandated reporting requirements.
- IRLR-4 Demonstrate knowledge of community resources to assist and educate individuals in securing needed services and supports.

Time:	<i>Review of Homework Assignment</i>	10 minutes
	<i>Key Words</i>	5 minutes
	<i>Review Questions</i>	5 minutes
	<i>Key Agencies and Regulations</i>	20 minutes
	<i>Individual Rights</i>	20 minutes
	<i>Denial of Rights</i>	5 minutes
	<i>Role of Parents</i>	10 minutes
	BREAK	15 minutes
	<i>Privacy and Confidentiality</i>	15 minutes
	<i>Advocacy</i>	25 minutes
	<i>Abuse and Neglect</i>	25 minutes
	<i>Community Resources</i>	15 minutes
	<i>Presentation of Next Homework Assignment</i>	10 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants; and
 - Large index cards with headings and small index cards with guarantees (on following pages) for Activity #1 (laminated if possible); and, a roll of removable masking tape for participants to stick guarantees under headings.

Preparation

Since this is a particularly technical presentation, it's important to read all of the participants' resource guide and to make notes for your presentation on the presentation outline. (Don't forget to photocopy and cut out the *headings* in the *Teacher's Resource Guide* on pages 9-10 as well as what the legislation *addresses* on pages 6-8. You will also need to paste or tape these to index cards.) Before class begins, tape up the headings on flip chart paper for Activity #1.

Review of Homework Assignment

Do

Show overhead #1

Say

Welcome to Session #10, Individual Rights, Laws and Regulations

How did your homework assignment go?

What kinds of buildings did you look at?

What did you find out about accessibility?

Where did these buildings do well?

What were the major problem areas?

How accessible was the building for the people with whom you work?

Your Presentation Notes

Session 10: Individual Rights, Laws and Regulations



Session #10, Overhead 1

Physical Accessibility Checklist

(Excerpted from Jewish Family and Children's Services)

When choosing a meeting site or checking a public building for physical accessibility, consider the following:

	YES	NO	N/A
1. If parking is provided, there should be reserved parking places that are clearly marked with the access symbol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There should be an unobstructed path of travel from the parking space to the curb cut to the building entrance or the event area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The entrance to the building should be at least 32" wide in order to accommodate a wheelchair. The doorway threshold should be no higher than 1/2". The entrance door(s) should open easily (automatic doors or levered handles; minimal pressure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Directional signs should be in large print or braille.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Building corridors should be at least 36" wide and free of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The meeting room or event area should be on the building entry floor or accessible by elevator. If the event is an open-air event, it should be held on a flat outside surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any ramped or steep areas should be sloped 1:10-1:12, must be durable (for portable ramps) and should have handrails on either side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. There should be brailled numbers on the elevator control panels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The meeting room entry should be a minimum of 32" wide, with a threshold no higher than 1/2" and with easily opened door(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For open-air events, there should be flat-surface area(s) for viewing/participation which has an accessible path of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The drinking fountains should be no higher than 48" from the floor, or if higher, then drinking cups should be provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Telephones should be no higher than 48" from the floor and be equipped with sound amplifiers. TDDs should be available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In order to be accessible, a restroom facility should have the following factors:			
a. signage to indicate accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
b. entries free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
c. doorways with 32" minimum clearance width	<input type="checkbox"/>	<input type="checkbox"/>	
d. doorway threshold no higher than 1/2"	<input type="checkbox"/>	<input type="checkbox"/>	
e. easily opened door(s)	<input type="checkbox"/>	<input type="checkbox"/>	
f. restroom stall door which swings outward; at least 32" clearance width.	<input type="checkbox"/>	<input type="checkbox"/>	
g. stall at least 36" wide, 60" deep	<input type="checkbox"/>	<input type="checkbox"/>	
h. grab bars in stall	<input type="checkbox"/>	<input type="checkbox"/>	
i. raised commode 17-19" from floor	<input type="checkbox"/>	<input type="checkbox"/>	
j. faucets with lever-type handles	<input type="checkbox"/>	<input type="checkbox"/>	
k. basin with 30" clearance underneath and wrapped pipes	<input type="checkbox"/>	<input type="checkbox"/>	
l. towel racks and mirrors no higher than 40" from floor	<input type="checkbox"/>	<input type="checkbox"/>	

REHABILITATION ACT OF 1973

addresses

EDUCATION

**COLLEGE
PROGRAMS**

**VOCATIONAL
EDUCATION**

EMPLOYMENT

**HEALTH,
SOCIAL SERVICES,
WELFARE**

FEDERAL FUNDS

AMERICANS WITH

DISABILITIES ACT addresses

EMPLOYMENT

**PUBLIC
FACILITIES**

TRANSPORTATION

COMMUNICATION

IDEA - PART C addresses

**EARLY EDUCATION
FOR INFANTS,
TODDLERS**

INDIVIDUALS WITH DISABILITIES
EDUCATION ACT (IDEA) addresses

**FREE PUBLIC
EDUCATION**

**LEAST RESTRICTIVE
ENVIRONMENT**

**INDIVIDUALIZED
EDUCATION
PROGRAM (IEP)**

**RELATED SERVICES
TO BENEFIT FROM
SPECIAL EDUCATION**

**FAIR
ASSESSMENT**

DUE PROCESS

LANTERMAN ACT addresses

**RIGHTS AND
RESPONSIBILITIES
OF INDIVIDUALS**

**STATE
RESPONSIBILITY**

ENTITLEMENTS

**RIGHT TO
SERVICES AND
SUPPORTS**

**CREATES
REGIONAL CENTERS
AND OTHER
AGENCIES**

TITLE 22 addresses

**DEPT. OF SOCIAL
SERVICES REGS.
POLICY AND
PROCEDURES**

**COMMUNITY
CARE FACILITY
LICENSE AND
EVALUATION**

**LICENSES
RESIDENTIAL
FACILITIES**

TITLE 17 addresses

**DEPT. OF
DEVELOPMENTAL
SERVICES REGS.**

**RESIDENTIAL
SERVICES
AND QUALITY
ASSURANCE**

VENDORS

**RESIDENTIAL
FACILITIES**

**INDIVIDUALS
IN RESIDENTIAL
FACILITIES ALSO
SERVED BY
REGIONAL CENTERS**

HEADINGS

REHABILITATION ACT **OF 1973**

AMERICANS WITH **DISABILITIES ACT (ADA)**

INDIVIDUAL WITH **DISABILITIES** **EDUCATION ACT (IDEA)**

IDEA - PART C

LANTERMAN ACT

TITLE 22

TITLE 17

Key Words

Do

Show overhead #2

Say

As always, you will find a list of key words that you will hear a lot during today's session.

They are:

- Laws and Regulations
- Title 17, Title 22
- Lanterman Act
- Regional Center
- Community Care Licensing
- Special Incident Report
- Mandated Reporting
- Confidentiality

Review Questions

Do

Show overheads #3 and #4

Say

The important points from today's presentation and activities are summarized in the review questions. As always, these questions are in your resource packet right after the key words. The review questions for today are:

1. Name at least three agencies/organizations that are a part of the developmental disabilities services system in California.

Your Presentation Notes

Key Words

- **Laws and Regulations**
- **Title 17, Title 22**
- **Lanterman Act**
- **Regional Center**
- **Community Care Licensing**
- **Special Incident Report**
- **Mandated Reporting**
- **Confidentiality**



Session #10, Overhead 2

In-Class Review

- **What is the developmental disabilities services system?**
- **What are the major acts or regulations that regulate/monitor services?**
- **Are parents "natural guardians" for adult sons/daughters?**
- **What are basic constitutional rights?**
- **Do individuals have the right to choose where to live and with whom?**

Session #10, Overhead 3

2. Name at least three Acts or Regulations that regulate/monitor services to individuals with developmental disabilities.
3. Do parents continue to be “natural guardians” and make decisions for adult sons/daughters with developmental disabilities if they are still living at home with their parents?
4. Name at least three rights guaranteed by the U.S. Constitution.
5. Does the Lanterman Act recognize the rights of individuals with developmental disabilities to choose where to live and with whom?
6. If a resident gets into a fight with a roommate, is it OK to deny them the use of the telephone for 2 weeks as punishment?
7. Name at least three things that are considered abuse under the Child Abuse and Dependent Adult Abuse laws.
8. Failure to report physical abuse is a misdemeanor and is punishable by?
9. Licensee shall furnish licensing agency with what kinds of reports?
10. A written Special Incident Report shall be submitted to the regional center within what time frame?

Your Presentation Notes

In-Class Review, continued

- Should you report a fight with a roommate?
- What are three things that are considered to be abuse?
- What if you fail to report abuse?
- When do you furnish the licensing agency with reports?
- How soon do you have to complete a Special Incident Report?
- What can you do to help people understand their choices?

Session #10, Overhead 4

11. What is one way to be sure that an individual who is non-verbal, understands information to make the best choices in his or her life?

Your Presentation Notes

Introduction

Say

This will be one of the most technical sessions of the series. It's on laws and regulations and it's a difficult topic to make fun. However, I think we have enough activities to make it interesting.

Key Agencies and Regulations

Ask

What agencies do you work with directly?

Are there others?

Can you name the state agencies that are involved in services for people with developmental disabilities?

Say

There is a whole network of agencies that make up the developmental disabilities services system in California.

Let's look at the major agencies in the system.

Do

Show overhead #5

All of these agencies are somehow involved in the services that you help provide to Californians with developmental disabilities every day

Of course, we have to start at the top and there we find two major sources of funding for services: The state of California (through the Governor and the Legislature) and the federal government. Some of the federal funding is in the form of health care funding and some of it goes to help fund advocacy services. That is, for agencies like the State Council, or Area Boards and Protection and Advocacy, Inc. who advocate for the rights of people with developmental disabilities and their families.

The major state agency is the **Health and Human Services Agency (HHS)** which acts as an umbrella agency over the Departments of Social Services, Health Services, Developmental Services, Mental Health and Rehabilitation and others.

The **Department of Social Services (DSS)** includes the Community Care Licensing Division which licenses homes for children and adults with developmental disabilities. They also monitor the work of local child and adult abuse protective services agencies.

Your Presentation Notes

Service System in California



Session #10, Overhead 5

The **Department of Health Services (DHS)** administers the Medi-Cal program that pays for health care for most of the people you support. It also licenses and monitors homes for people with developmental disabilities and significant health needs.

The **Department of Developmental Services (DDS)** contracts with 21 Regional Centers and provides them with funding to locate services and supports for people with developmental disabilities. It is also responsible for managing the state developmental centers.

The **Regional Centers** are twenty-one (21) private, non-profit agencies which cover different geographic regions and provide service coordination and funds for services such as licensed homes, independent living, and day programs which cannot be provided by generic agencies.

Vendors are those agencies or individuals, like the ones you work for, which provide support for people and their families through residential, day, transportation and other services.

The **Developmental Centers** are state operated residential centers (like Porterville and Sonoma Developmental Centers) which

Your Presentation Notes

provide services to children and adults with developmental disabilities.

The **Department of Mental Health (DMH)** oversees county mental health services that are used by some of the people you support.

The **Department of Rehabilitation (DR)** provides funding for Work Activity Programs (WAP) which include work support services in sheltered and community employment settings and job coaches.

Finally, the **Department of Education (DOE)** manages special education programs in the public school system for students with special needs. In each **Local School District** there are special education services and something called a **Special Education Local Planning Agency (SELPA)**, which helps determine the kinds of special programs provided to students with disabilities. DOE also oversees the Regional Occupational Centers and Programs (ROC/Ps) who administer the testing and training for this Direct Support Professional (DSP) Training Program.

Do

Show overhead #6

Say

In addition to these key agencies, there are some key statutes and regulations which affect what you do every day.

Your Presentation Notes

Key Laws and Regulations

- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA)
- Idea - Part C
- Lanterman Act
- Title 22 - Department of Social Services
- Title 17 - Department of Developmental Services

Session #10, Overhead 6

Ask

Can someone name a statute (law) or regulation that you must follow when you work?

Discussion should include comments about confidentiality, special incidents, etc.

Do

Before we start, I would like to see how well you can do in describing each of these major laws and regulations.

Here are a number of index cards with the names of some of the guarantees or rights that fall under one of the regulations that you see on the wall.

Pass these cards around and work as a team to place these statements under the headings where you think they belong. Just take a piece of masking tape and tape them up on the wall under the correct heading.

Give people about 5 minutes and

Say

Okay, let's talk a bit about each of these major laws and regulations and see how you did. First, there are several important federal laws-

Your Presentation Notes

Key Laws and Regulations

- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA)
- Idea - Part C
- Lanterman Act
- Title 22 - Department of Social Services
- Title 17 - Department of Developmental Services

Session #10, Overhead 6

The **Rehabilitation Act of 1973** is known as the first Federal civil rights law protecting the rights of individuals with disabilities. It prohibits discrimination based on disability in the following areas: (1) Education; (2) Vocational Education; (3) College Programs; (4) Employment; (5) Health, social service programs, welfare; and (6) Programs funded with federal dollars.

The Americans with Disabilities Act (ADA) was passed by Congress in July of 1990. It is considered a landmark civil rights bill that extends protection against discrimination to people with disabilities. It requires modifications, accessibility and reasonable accommodation whenever necessary. It covers all state and local governments, and it addresses four main areas of potential discrimination: (1) employment; (2) public facilities; (3) transportation; and (4) communication.

Individuals with Disabilities Education Act (IDEA) guarantees six important rights to students with disabilities: (1) free and appropriate public education for all children with disabilities; (2) education in the least restrictive environment; (3) an individualized education program (or IEP); (4) provision of necessary related services in order to benefit from special education (like speech therapy); (5) a fair assessment procedure; and (6) due

Your Presentation Notes

Key Laws and Regulations

- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA)
- Idea - Part C
- Lanterman Act
- Title 22 - Department of Social Services
- Title 17 - Department of Developmental Services

Session #10, Overhead 6

process and complaint procedures for families of students who are dissatisfied with a school-related service.

IDEA - Part C established early education opportunities for infants and toddlers less than 3 years of age and who have low incidence disabilities or are developmentally delayed or at risk of such delay. It is known that these early opportunities can help increase the learning that occurs for children during these important formative years.

There are some equally important state laws that you should know about.

First, **The Lanterman Developmental Disabilities Services Act (Lanterman Act)** provides a statement of the service rights and responsibilities of individuals with developmental disabilities; provides an entitlement or right to certain services and supports; and, creates the regional center system of providing services throughout the state.

Title 22, Department of Social Services

These regulations are for licensing, monitoring and evaluating **community care facilities**. Individuals or agencies who are granted a license to operate a residential facility must comply with all of the Title 22 regulations.

Your Presentation Notes

Key Laws and Regulations

- **Rehabilitation Act of 1973**
- **Americans with Disabilities Act (ADA)**
- **Individuals with Disabilities Education Act (IDEA)**
- **Idea - Part C**
- **Lanterman Act**
- **Title 22 - Department of Social Services**
- **Title 17 - Department of Developmental Services**

Session #10, Overhead 6

Title 17 - Department of Developmental Services Regulations These regulations state the conditions under which licensed *community care facilities* (CCFs) can be vendorized to provide residential services to individuals with developmental disabilities served by regional centers.

Say

Okay, now that you've heard a little about each of these major laws and regulations, spend a few minutes as a team and see if any of your statements need to be switched around under different headings.

Discuss

How well they did before and after the presentation and how they can learn something about the major laws and regulations that affect them in a very short time.

Also, mention that these are summarized in their resource guide.

Say

Before we take a break, let's spend a few minutes talking about some of the basic rights of people with developmental disabilities that come from these laws and regulations.

Your Presentation Notes

Key Laws and Regulations

- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA)
- Idea - Part C
- Lanterman Act
- Title 22 - Department of Social Services
- Title 17 - Department of Developmental Services

Session #10, Overhead 6

Do

Get a marker pen (or transparency marker) and blank flip chart paper or transparency.

On the left side of the paper or transparency, write *Your Rights*.

Ask

What are your basic rights?

This should result in items like Freedom of Religion, Freedom of Assembly, etc.

Do

On the right side of the paper or transparency, write Rights of Individuals.

Ask

Which of these rights also belongs over here under the rights of the individuals that you work with?

Point to right side of paper and when one is mentioned, draw an arrow towards right side of paper or transparency

Say

All of these rights apply to everyone.

Do

Show overhead #7

Say

Individuals with developmental disabilities

Your Presentation Notes

Constitutional Rights

- **Freedom of Speech**
- **Right to Due Process**
- **Freedom of Religion**
- **Freedom of Association**
- **Freedom of Assembly**
- **Equal Protection of the Law**
- **Right to Privacy**

Session #10, Overhead 7

have the same rights as everyone else under the Constitution of the United States and the California Constitution. Those rights include:

Freedom of Speech
Right to Due Process
Freedom of Religion
Freedom of Association
Freedom of Assembly
Equal Protection of the Law
Right to Privacy

Do

Show overhead #8 and #9

Say

In addition to the Constitution, the Lanterman Act spells out the rights of Californians with developmental disabilities as:

A right to treatment and habilitation services and supports.

A right to dignity, privacy and humane care.

A right to participate in an appropriate program of publicly supported education.

A right to prompt medical care and treatment.

A right to religious freedom and practice.

A right to social interaction and participation in community activities.

Your Presentation Notes

Lanterman Act Includes Right to

- **Treatment & habilitation**
- **Dignity, privacy and humane care**
- **Public education**
- **Prompt medical care**
- **Religious freedom and practice**
- **Social interaction and community activities**

Session #10, Overhead 8

Lanterman Act Includes Right to

- **Physical exercise**
- **Be free from harm**
- **Be free from hazardous procedures**
- **Make choices in daily and major life decisions**
- **Have relationships, marry, be part of a family, parent**

Session #10, Overhead 9

A right to physical exercise and recreational opportunities.

A right to be free from harm.

A right to be free from hazardous procedures.

A right to make choices including but not limited to; where and with whom to live; relationships with people in their community; the way they spend their time, including education, employment and leisure; the pursuit of their personal future; and program planning and implementation.

A right to have relationships, marry, be part of a family, and to parent if they so choose.

Do

Show overhead #10 and #11

Say

The Lanterman Act also states that individuals with developmental disabilities who live in residential facilities have these additional rights:

To wear their own clothes.

To keep and use their own personal possessions, including toiletry and personal hygiene articles.

To keep and be allowed to spend a reasonable sum of their own money.

Your Presentation Notes

Residential Rights to

- **Wear own clothes**
- **Keep and use personal possessions**
- **Keep and spend own money**
- **Access to storage space**
- **See visitors every day**
- **Reasonable access to telephone**

Session #10, Overhead 10

Residential Rights to

- **Ready access to letter writing and receiving mail**
- **Refuse shock treatment**
- **Refuse certain behavior modification treatment**
- **Refuse psychosurgery**
- **Make every day and major life choices**
- **Information for choice**

Session #10, Overhead 11

To have access to individual storage space for private use.

To see visitors each day.

To have reasonable access to telephones, both to make and receive confidential calls.

To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

To refuse electroconvulsive therapy.

To refuse behavior modification techniques which cause pain or trauma.

To refuse psychosurgery.

To make choices in areas including, but not limited to: daily living routines, choice of companions, leisure and social activities, and program planning and implementation.

To choose and to have information needed to make an informed choice.

Do

Show overhead #12

Say

In addition, the *Lanterman Act (Welfare and Institutions Code)* recognizes the rights of individuals with disabilities to have relationships, marry, be part of a family and to parent, if they so choose. Individuals living in community care facilities have:

Your Presentation Notes

W & I Code Rights to

- **Choice about sexual values, preferences**
- **Accurate information about sex education**
- **Sexual expression**
- **Privacy**
- **Significant other and to marry**

Session #10, Overhead 12

Your Presentation Notes

The right to make personal choices about sexual values, preferences, and behavior.

The right to be given accurate information about sex education in an understandable way.

The right to sexual expression.

The right to privacy.

The right to have a “significant other” or to marry, if the person so chooses.

The right to choose parenthood; this also requires the right to be given information about birth control options, and to choose or refuse contraception and/or sterilization.

The right to receive services needed: counseling, legal aid, social and recreation services with the opposite sex.

Do

Show overhead #13

Say

These are the basic rights of individuals with developmental disabilities who live where you work.

Most individual rights may not be denied for any reason. However, a few rights may be denied for a limited period of time and under a very narrow set of circumstances called the ***Denial of Rights Procedure*** which are found in Title 17.

Denial of Rights

- Most rights may not be denied for any reason
- A few rights may be denied for limited time, under the ***Denial of Rights Procedure*** in Title 17
- Only when certain conditions are met and approved by the regional center

Session #10, Overhead 13

A right cannot be denied by you because you think you might have good reason. A right may only be denied when certain, very specific conditions are documented and approved by the regional center prior to implementation of the denial.

The Rights of Legally Authorized Representatives

Many of you will be working with the families of individuals you support or their legally authorized representatives

There are some terms you need to know in order to understand the rights and responsibilities of these representatives.

Do

Show overhead #14

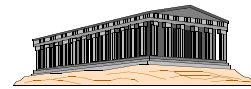
Say

The first term you need to know about is competence. It is legally defined as the ability of an individual to make decisions. Until a person reaches the age of majority (age 18 in California), he/she is ***presumed to be incompetent*** - that is, not able to manage alone or to come to reasoned decisions about certain important matters. However, upon reaching the age of majority, even if the person has a significant intellectual impairment, he/she is ***presumed to be competent***.

Your Presentation Notes

Representative Rights

- Competence
- Parents
- Guardianship
- Conservatorship



Session #10, Overhead 14

It's also important to know that parents are considered ***natural guardians*** of their biological or adopted children and have certain rights and responsibilities in making decisions on behalf of their children until they reach the age of 18.

Some minors need a court-appointed guardian, if parents have died, abandoned a child, or had their parental rights removed by a court of law. Since the law ***presumes incompetence*** for people under 18, it's fairly straightforward to file for and receive guardianship.

A conservatorship is a legal arrangement in which a competent adult oversees the personal care or financial matters of another adult who is considered incapable of managing his/her affairs.

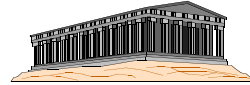
Some parents presume that as ***natural guardians*** of their children, their legal responsibilities continue for a child with a developmental disability even after he/she turns 18. This is not the case if the parent has not filed nor been appointed a conservator through the courts.

There are two kinds of conservatorships. One is called a ***general conservatorship*** that covers all of the basic decisions that someone usually makes for him/herself. These are very rare.

Your Presentation Notes

Representative Rights

- Competence
- Parents
- Guardianship
- Conservatorship



Session #10, Overhead 14

The more common type is called a ***limited conservatorship*** and was created specifically for people with developmental disabilities who need assistance in decision-making in certain areas of their lives. The purpose of the ***limited conservatorship*** is to protect adults with developmental disabilities from harm or exploitation while allowing for self-reliance whenever possible.

If granted by the court, the ***limited conservator*** can have decision-making authority in up to seven areas:

1. To fix the person's place of residence.
2. Access to confidential records and papers.
3. To consent or withhold consent to marriage.
4. The right to contract.
5. The power to give or withhold medical consent.
6. Decisions regarding social and sexual contacts and relations.
7. Decisions concerning education or training.

However, the ***limited conservator*** may not consent to:

1. Experimental drug treatment.
2. Electroshock therapy.
3. Placement in a locked facility.
4. Sterilization.

Your Presentation Notes

Representative Rights

- Competence
- Parents
- Guardianship
- Conservatorship



Session #10, Overhead 14

The **limited conservator** should have:

1. A personal knowledge of the person who is conserved.
2. Knowledge of what constitutes the "best interest" of the person who is conserved.
3. Have a commitment to provide what is in the best interest of the person who is conserved.
4. Be good at managing the finances of the person who is conserved.
5. Know the programs and services that are available for the person who is conserved.
6. Know how to advocate for and protect the rights of the person who is conserved.
7. Be close in proximity to the person who is conserved.
8. Be available in terms of time and energy to work for the best interests of the person who is conserved.

BREAK for 15 minutes

Privacy and Confidentiality

Do

Show overhead #15

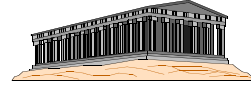
Say

Another important right of the people you work with is privacy. I'm sure that you already know that individual **privacy** must be respected in all areas of an individual's

Your Presentation Notes

Representative Rights

- Competence
- Parents
- Guardianship
- Conservatorship



Session #10, Overhead 14

Privacy

- Personal hygiene
- Personal space
- Personal conversations
- Personal possessions
- Time to be alone
- Personal information
- Sexual expression
- Friends and family

Session #10, Overhead 15

life, for example:

- Personal hygiene
- Personal information
- Personal possessions
- Sexual expression
- Time to be alone
- With friends and family
- Personal space in individual's bedroom
- Mail and telephone conversations

Do

Show overhead #16

Say

Confidentiality means that:

- You do not discuss information about individuals with your friends.
- You do not take individuals files out of the facility.
- You do not give information to persons who might ask for it without the signed consent of the individual or legal representative.

Your Presentation Notes

Confidential Means You Do Not

- **Discuss with your friends**
- **Take files off site**
- **Give information without signed consent**
- **Discuss about individual with a housemate**

Session #10, Overhead 16

- You do not discuss confidential information about an individual with another individual in the facility.

You must respect an individual's right to confidentiality when they tell you **not** to tell even when you feel it is important to tell someone, **unless** the individual plans to/or has **broken the law**, or it is a **health and safety** issue, then you **must** report it.

Advocacy

Do

Show overhead #17

Say

The word advocacy is used a lot by many different people. In this workshop,

Advocacy Is

Helping people help themselves
Building self confidence
Supporting independence
Telling people their rights
Telling people their options
Providing assistance and training
Helping locate services
Asking people what they want
Treating adults like adults

Your Presentation Notes

Advocacy Is

- Helping people help themselves
- Building self confidence
- Supporting independence
- Telling about rights
- Telling about options
- Assistance and training
- Locating services
- Asking
- Treating like adults

Session #10, Overhead 17

Do

Show overhead #18

Say

Advocacy Is Not

Taking over a persons life
Making a person dependent
Doing everything for a person
Not informing a person of his/her rights
Making decisions for people
Controlling people
Treating adults like children
Limiting options
Knowing what is best because you are a professional
Not respecting choices

Do

Show overhead #19

Say

The Lanterman Act provides for advocacy services for persons with developmental disabilities through the following agencies:

Area Boards

There are thirteen Area Boards in California which can provide individual advocacy. A vendor may contact them to obtain information on behalf of an individual with disabilities. *A list of Area Boards is included in this packet.*

Protection and Advocacy, Inc.

This federally funded, state designated agency is designed to protect the rights of individuals with disabilities. Services include legal counseling and

Your Presentation Notes

Advocacy Is Not

- Taking over
- Dependency
- Withholding information
- Making decisions
- Control
- Treating like children
- Limiting options
- Knowing what is best
- Not respecting choices

Session #10, Overhead 18

Advocacy Resources

- Area Boards
- Protection and Advocacy
- People First
- Others?

Session #10, Overhead 19

representation if necessary. They may only represent the individual, not a vendor. *A list of addresses and phone numbers is included in this packet.*

In California there is a resource for self-advocacy called:

People First of California, Inc.

1225 8th Street, Suite 590

Sacramento, CA 95814

(916) 552-6625

In addition to the Sacramento office there are many chapters of **People First** throughout California. The Sacramento office may be called to inquire about other chapters and obtain subscriptions to their newsletter **“PEOPLE FIRST STAR.”**

Say

Now that we have talked about individual rights and advocacy, let's work on an activity that gives you a chance to practice identifying advocacy issues.

First, divide up into four groups.

Read the scenarios and work as a group to identify what you think are the possible advocacy issues in each.

Wait about 15 minutes.

Ask

What are the possible advocacy issues in

Your Presentation Notes

Activity: What Are Your Findings?

After reading the scenario, work as a group to list the possible rights issues. You can refer back to the sections on individual rights.

SCENARIO #1: CHARLES

Charles is a 42-year-old man who has both a developmental and a physical disability (cerebral palsy, epilepsy) and it is difficult to understand his speech. There seems to have been no family contact in many years, and it is unknown if he even has family still living. He has a history of wandering away when not watched closely and tends to “borrow” tape recorders and clothing from other individuals living in the home. Charles often has what appears to be a poor appetite, plays with food on his plate and occasionally throws food. He doesn't like getting up in the morning and has to be repeatedly coaxed out of bed.

The DSP in the home makes Charles get up early on weekends because he won't get up on weekdays. He loves to sit outside on weekends and listen to his radio. It is repeatedly taken away for bad behavior and not getting up in the mornings. When other residents have family or visitors, Charles gets very excited and wants to go with them if they leave the home. Charles often sneaks out of the home right after visitors leave, and gets very angry when he is brought back home. He is only allowed to leave the facility once per month when the group goes on an outing together.

He seldom initiates activities but will participate with other residents when made to do so. He tends to hang out in the kitchen when meals are being prepared but gets in the way and DSP often make him leave the room until the meal is ready.

Possible Advocacy Issues?

SCENARIO #2: MICHAEL

Michael is a 18 year old male who uses a wheel chair and is totally dependent on others for his daily care. He often yells very loudly and is locked in his room and left there alone as punishment.

He has use of his arms and hands, but not enough strength to transfer himself. He is able to manage his manual wheel chair. He is usually uncooperative with DSPs in daily grooming, bathing, and tooth brushing. DSPs sometimes comb his hair and forget the other grooming tasks when he is especially uncooperative.

Michael has a very involved family who visits him in his home and takes him to their home on a monthly basis. The visit is often a disaster. He says he doesn't want to go and he is unhappy and grumpy for several days afterward.

Michael gets along well with one of the other young men living in the home and often spends hours in his company. He likes to share his personal possessions and often gives them away. He likes to talk on the telephone and will spend hours talking to friends. As a result, he often loses his telephone privileges for long periods of time, until he promises not to talk so long.

Possible Advocacy Issues?

SCENARIO 15: MARY

Mary is a 34-year-old woman with a history of depression and outbursts (for example, yelling, screaming, cursing, self-abuse, and threats of physical aggression). She also bosses and threatens peers at home and in the community. Mary is often kept home and in her room as a punishment for behaviors. She is not allowed to go on outings with the group if she has been bossing and threatening peers and because it is embarrassing for DSP when she acts out in the community. So, it is easier to leave her at home.

Mary also has a history of crying and screaming for several hours at night which keeps staff and other individuals in the home awake. When the DSPs reach their "wits end" they ignore her and let her cry and scream until she wears herself out and finally goes to sleep.

Mary states she wants to help handicapped children, feel loved, and not be so lonely. She states she is not a baby and feels bad when she is treated like one. She wants to go to church and sing in the church choir, learn how to take care of herself, cook and do her own laundry.

The DSP will not let Mary do any special things that she wants to do because she has such **bad** behavior and tell her that when she has **better** behavior they will help her learn to do some of the things she wants to do.

Possible Advocacy Issues?

SCENARIO #4: CHARLENE

Charlene is a 55-year-old woman who is very verbal, healthy, active at home, at work and in the community. She loves to shop for clothing, go to movies, dancing, parties, and helping with chores at home. She also likes to collect brochures, newspapers, magazines and small pieces of paper which she puts in her dresser drawers. DSPs go into her room periodically and remove her collection, throwing it in the trash, because there isn't enough room in her drawers anymore for her clothes.

Charlene knows all the merchants in her neighborhood. She tends to purchase lots of "junk" items so the DSP keep her money and make her wait until they can go with her to the store.

Charlene has a male friend, Sam, and wants to have him visit her at her home once in awhile. The administrator of the home has told Charlene that she is not allowed to have male visitors. She has also been told that she cannot go out on a date with Sam, or any other male friend.

Possible Advocacy Issues?

Possible Answers to Advocacy Issues

#1

He borrows tape recorders and clothing from other individuals living in the home. He violates their rights to have and use personal possessions.

He hates getting up in the morning. DSP makes him get up on weekends as punishment. Violation of his right to decide when to get up.

Radio is often taken away as punishment for bad behavior. Violation of his right to have and use personal possessions.

His rights to leave the facility and participate in activities in the community are violated when he is only allowed to leave once per month.

Making him participate in activities violates his right to choose how he spends his time.

His right to choose how he spends his time is also violated when he is asked to leave the kitchen area during meal preparation. **Additionally**, if he was able to participate in food choice and preparation he might be willing to eat better and not throw food.

#2

His right to treatment and habilitation services and supports are violated when he is locked in his room for outbursts.

He has a right to some method for communicating with the world - picture board, computer, synthesized voice machine, etc.

His right to dignity, privacy and humane care are also violated when he is locked in his room.

His right to humane care is violated when grooming is not done.

His right to choose how he spends his time is violated when he is taken home by his family if he really doesn't want to go.

Someone needs to determine if he gives away his personal possessions or if they are being taken away. He has a right to keep and use his personal possessions.

The right to use the telephone may not be taken away for long periods of time unless the **denial of rights** has been done, and then only for 30 days. During that time, a plan must be developed to help him limit the time on the telephone, such as a timer to help him realize how long he is on the telephone.

#3

She violates the rights of others to humane treatment when she screams and yells for several hours at night, bosses and threatens them.

Her rights to social interaction and participation in community activities is violated when she is kept at home and in her room as punishment for behaviors and for the convenience of the DSP because her behavior is embarrassing.

Her right to treatment and habilitation services and supports, right to dignity, right to religious freedom and practice, right to social interaction and participation in community activities are all violated when she is not allowed to do any **special** things because of her behaviors.

#4

Her right to privacy and her right to have individual storage space for private use is violated when DSP removes her collection from her dresser drawers and throws it in the trash.

Her right to keep and spend a reasonable amount of her own money when they keep it and make her wait until they can go to the store with her.

Her right to have visitors, make personal choices about choice of companions, leisure and social activities, the right to have a "significant other" are all violated when the administrator tells her she cannot have a male visitor or go on a date.

She has a right to make choices in areas including, but not limited to, daily living routines, choice of companions, leisure and social activities, as well as a right to have relationships.

Scenario #1?

and so on through all four scenarios.

Do

List on flip chart paper or blank transparency.

Say

You've done a good job as advocates.

Let's move on to our next topic and it's a serious one, abuse and neglect.

Abuse and Neglect

Do

Show overhead #20

Say

There is a special concern for the abuse of children, dependent adults, and the elderly. As they are often more vulnerable than others, such individuals face greater risk of abuse.

Reporting suspected abuse will, hopefully, not occur often in your work as a DSP. However, it's important to know your responsibilities should you need to act.

Dependent adult abuse is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care

Your Presentation Notes

Protection from Abuse

- Abuse
- Protections
- Reporting Requirements
 - Child Abuse
 - Elder or Dependent Adult Abuse
- Failure to report physical abuse is a misdemeanor punishable by a fine or time in jail or both

Session #10, Overhead 20

provider of goods and services which are necessary to avoid physical harm or mental suffering. Child abuse is defined as physical injury, which is inflicted by other than accidental means on a *child* by another person, sexual abuse, willful cruelty or unjustifiable punishment of a *child*, unlawful corporal punishment or injury and neglect.

There are ways as a DSP that you can help prevent abuse from occurring to the people you support:

Observation - pay attention to individuals in your care. Many are non-verbal and can't tell you when something is wrong.

Communication - talk with individuals and other DSP daily.

Conversation - talk with people at day programs, work and others.

Documentation - write down what you see and hear.

Review - look at what you have written for patterns.

Report - if abuse is **known or suspected**.

Do

Show overhead #21

Say

Child abuse is defined as the abuse of a

Your Presentation Notes

Child Abuse

The abuse of a person under 18 years of age which may include:

- physical, sexual, or emotional abuse;
- neglect;
- exploitation; or
- abandonment.

Session #10, Overhead 21

person under 18 years of age which may include: physical, sexual or emotional abuse; neglect; exploitation; or abandonment.

Reporting Requirements for Child Abuse

California law requires that any child care custodian, health care practitioner, or employee of a child protective agency who knows or reasonably suspects child abuse **must** report the abuse to a child protective agency immediately or as soon as practically possible by telephone and to send a written report within **36** hours of receiving the information concerning the incident.

Do

Show overhead #22

Say

Elder or dependent adult abuse is defined as the abuse of a person over 18 years of age which may include: physical, sexual or emotional abuse; neglect; exploitation; or abandonment.

Reporting Requirements for Elder and Dependent Adult Abuse

California law requires care custodians and health practitioners to report certain kinds of abuse. Care custodians are administrators of certain public or private facilities, including but not limited to, community care facilities, 24 hour health facilities, respite care facilities, foster homes, schools, sheltered workshops, regional centers and medical offices or clinics.

Your Presentation Notes

Elder or Dependent Adult Abuse

Defined as abuse, neglect or exploitation and includes:

- physical abuse;
- psychological abuse; and
- financial exploitation.

Session #10, Overhead 22

Direct support professionals are mandatory reporters for both child, elder and dependent adult abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

All allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services* with a written follow up *report* to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report concerning an adult should be made immediately and followed up with a written report within two working days.

For either adults or children, if the individual is being injured or otherwise endangered at that moment, call the police.

Your Presentation Notes

Do

Show overhead #23

Say

Each licensed home shall furnish to Community Care Licensing unusual incident reports including, but not limited to:

1. Death of any client from any cause.
2. Any injury to any client which requires medical treatment.
3. Any unusual incident or absence which threatens the physical or emotional health or safety of any client.
4. Any suspected physical or psychological abuse of any client.
5. Epidemic outbreaks.
6. Poisonings
7. Catastrophes.
8. Fires or explosions which occur in or on the premises.

A REPORT SHALL BE MADE BY TELEPHONE TO THE LICENSING AGENCY WITHIN THE AGENCY'S NEXT WORKING DAY DURING ITS NORMAL BUSINESS HOURS. A WRITTEN REPORT SHALL BE SUBMITTED TO THE LICENSING AGENCY WITHIN SEVEN DAYS FOLLOWING THE OCCURRENCE OF EVENT.

Your Presentation Notes

Title 22 Reporting

- **Death**
- **Injury requiring treatment**
- **Unusual incident**
- **Suspected abuse**
- **Epidemic outbreaks**
- **Poisonings**
- **Catastrophes**
- **Fires or explosions**
- **Report within next working day**

Session #10, Overhead 23

You need to know the internal procedures for the home in which you work for ensuring timely accurate reporting.

Do

Show overhead #24 and #25

Say

This is a copy of the form to be completed which is titled **LIC 624 UNUSUAL INCIDENT/INJURY/DEATH REPORT**.

Do

Show overhead #26

Say

Special Incident Reports detail special incidents as defined in Title 17 and are to be provided to the regional center. Special Incidents are those incidents which:

1. Have resulted in serious bodily injury, serious physical harm, or death.
2. Have resulted in the use of emergency intervention procedures.
3. May result in criminal charges or legal action.
4. Result in the denial of a client's rights, or
5. Are any of the following:
Epidemic outbreaks
Poisonings

Your Presentation Notes

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
SECTION 170000 (LICENSING)
UNUSUAL INCIDENT/INJURY/DEATH REPORT

CHECK ONE OR MORE BOXES:
☐ Incident ☒ Injury ☐ Death

Date of Occurrence: _____

Name of Facility: _____ Facility File Number: _____ Telephone Number: _____

Address: _____

Client(s) Involved	Age	Sex	Date of Admission
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

1. UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCE, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND OFFICIAL OUTBREAKS - POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT):

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II:

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKEN TO PREVENT OCCURRENCE:

II. INJURY REQUIRING MEDICAL TREATMENT
DESCRIBE HOW AND WHERE INJURY OCCURRED:

Session #10, Overhead 24

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?

PERSONS WHO OBSERVED THE INJURY:

ATTENDING PHYSICIAN'S NAME, FURNISHED AND TREATMENT:

III. DEATH REPORT
DATE AND TIME OF DEATH: _____ PLACE OF DEATH: _____

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CHOOSE REPORT MADE, SEND A COPY WITHIN 30 DAYS):

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH:

WHAT ACTION DID YOU TAKE?

NAME OF ATTENDING PHYSICIAN:

NAME OF NESTICIAN:

SIGNATURE OF PERSON REPORTING: _____ DATE: _____

SIGNATURE OF LICENSURE ADMINISTRATOR: _____ DATE: _____

Session #10, Overhead 25

Title 17 Reporting

- **Serious bodily injury, harm, or death.**
- **Emergency services**
- **Possible criminal activity**
- **Denial of rights**
- **Epidemic outbreaks, poisonings, catastrophes, fires or explosions**
- **Report by end of day**

Session #10, Overhead 26

Teacher's Resource Guide - Session #10: Individual Rights, Laws and Regulations

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

(REPLICATION OF ORIGINAL)

UNUSUAL INCIDENT/INJURY/ DEATH REPORT

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CHECK ONE OR MORE BOXES:

☐ Incident ☐ Injury ☐ Death

Date of Occurrence:

INSTRUCTIONS: NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I, II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

Name of Facility

Facility File Number

Telephone Number

()

Address

Client(s) Involved

Age

Sex

Date of Admission

1. _____

2. _____

3. _____

4. _____

5. _____

I UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

II. INJURY REQUIRING MEDICAL TREATMENT

DESCRIBE HOW AND WHERE INJURY OCCURRED

Teacher's Resource Guide - Session #10: Individual Rights, Laws and Regulations

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?

PERSONS WHO OBSERVED THE INJURY

ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT

III. DEATH REPORT

DATE AND TIME OF DEATH

PLACE OF DEATH

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH

WHAT ACTION DID YOU TAKE?

NAME OF ATTENDING PHYSICIAN

NAME OF MORTICIAN

SIGNATURE OF PERSON REPORTING

DATE

SIGNATURE OF LICENSEE ADMINISTRATOR

DATE

Catastrophes
Fires or explosions

Your Presentation Notes

THE REGIONAL CENTER SHALL BE NOTIFIED OF ANY SPECIAL INCIDENTS, AS SOON AS POSSIBLE, AND IN NO CASE LATER THEN THE END OF THE BUSINESS DAY. A WRITTEN REPORT SHALL BE SUBMITTED TO THE REGIONAL CENTER WITHIN 24 HOURS OF THE INCIDENT.

Some Regional Centers have a form for your use. Others, allow use of the Licensing Form.

IF IN DOUBT - FILL IT OUT

Ask

Please turn to the activity called How Do You See It? (hold up resource guide and refer to page number)

Say

As a group, spend about 5 minutes describing this room in as much detail as possible.

After 5 minutes

Ask

What do you see?

Activity:
How Do You See It?

As a group, describe this room in as much detail as you can within 5 minutes.

Discuss

Point out the similarities and differences and how important it is to be precise, reporting facts, not opinions, when reporting special incidents.

Say

For the last few minutes, let's talk about community advocacy resources.

There are a number of resources available in every community. These resources can provide information about disabilities to special services.

Do

Show overheads #27

Say

Here are a few common ones?

Are there others?

Ask

Look back at the scenarios for Mary, Charlene, Charles, and Michael and the advocacy issues that you wrote down.

Are there any of these advocacy resources that they could have benefitted from?

Your Presentation Notes

**Community
Advocacy Agencies**

- **ARCs**
- **Place of worship**
- **Protective Services**
- **Social Security**
- **Area Agency on Aging**
- **American Heart, Lung, Cancer Societies**
- **Others?**

Session #10, Overhead 27

Do

Show overhead #28

Say

Another aspect of advocacy is providing information to the people you support in a way that they can best understand it.

For example, provide interpreter services to individuals who are deaf/hearing impaired in order to insure they understand information being presented.

Or DSPs in residential settings should be trained in American Sign Language.

Do any of you know sign language?

An interpreter should be present during an individual's IPP and other important events such as medical appointments, instruction at a sheltered workshop or on the job training.

Picture boards, notebooks, synthesized voice machines and computers should be furnished for individuals who can not tell you what they want or need.

When individuals speak a language other than English make sure that a DSP who speaks that language is available.

Your Presentation Notes

Understandable Information

- **People who are deaf**
 - Interpreters, picture boards
- **Who don't use words**
 - Picture boards, talking computers
- **Non- English**
 - Staff who speak language
- **People who are blind**
 - Braille, talking books

Session #10, Overhead 28

When appropriate, have Braille printers available for blind/visually impaired individuals, and

Talking books for individuals who have low vision or are blind.

Understanding the information helps people make better choices and helps them advocate for themselves.

Let's review the homework assignment for next session and call it a day.

Homework Assignment

Say

At your next session, you will be talking about something fun - leisure and recreation. For your homework, you need to collect some information about your community, read two short articles, and answer several questions. It sounds like a lot, but it's really not too much work and you should enjoy it. Don't forget to look at the key words for the next session. If you need help, you can find the definitions in the **Key Word Dictionary** in Session #12 of your *Resource Guide*.

Any questions? See you next time.

Your Presentation Notes

Homework Assignment for Session #11: Your Community

This assignment is to help you start to build a resource for finding recreation and leisure opportunities in your community. Please fill out the form and bring the requested information to class. This may require a bit of research.

Name of local newspaper(s): _____

Identify the Section in the newspaper that lists what's happening each week:
(include the name of the section and day it's published; bring a sample, if possible)

Name two or three restaurants within walking distance of where you work or live.

Name two to three places within a mile of where you live or work where people gather: (examples include coffee shops, parks, bowling alleys, stores, etc.)

Find and bring to class examples of publications that tell people about interesting classes in your community. (Examples are bulletins from Parks and Recreation or Adult Education, The Learning Annex)

Find out if there is any Special Olympics organization in your community. Record the name and phone number for the contact person.

Contact the Chamber of Commerce and ask if there is any information they have about clubs in your community. Bring anything the Chamber may have given you.

Find out about the YMCA and/or YWCA in your community. Write down the cost of joining and monthly dues. Ask if there is any special rate for low income individuals or people with disabilities.

Get a copy of the bus schedule for the area around where you live or work.

Bring any additional information that you can find about recreation and leisure opportunities in your community.

Homework Assignment for Session #11: Modifications

Please read this information on modifications before the next class session.

The following are ways to make modifications or accommodations so that people with disabilities are more easily able to participate in recreation activities:

- **Rule changes should be available for all participants, if needed**
Examples: Lengthening the three-second lane rule in basketball
Using different ways to bat (whiffle bat, tennis racquet)
- **Make everybody feel welcome**
State rules in the positive (e.g. Instead of saying “no dogs” say “only service dogs permitted”)
- **Ask young people their age (for grouping) instead of grade**
- **Ask about special accommodations on an application form**
- **Assistive devices! Be creative!!**
Use everyday items such as alarm clocks, velcro, rope, tape

Use specialty items such as a nonskid mat

Help a person to use his/her own device, such as a language board
- **Physical environment-think!**
Consider the obvious: stairs, doorways

The not-so-obvious: acoustics, wind conditions, bright lights, unusual odors
- **People power**
Grouping

“Buddies”

Volunteer assistants
- **Time/place**

Accessible buildings/floors

Meeting times to accommodate school/work/bus schedules

Adapted from Developing Inclusive Recreation, Institute for Community Inclusion, Children's Hospital, Boston, MA.

Homework Assignment for Session #11: Success Stories

Please read the following brief stories and answer the questions.

Project Rec Success Stories

Taken from "The Institute Brief," May, 1991

Beth, who lives with three other roommates in a staffed apartment, is 43 years old and has multiple disabilities. She has always loved swimming and uses the separate program at the local Arc for participation in this activity. Recently, the staff at a nearby YMCA received training and reassurance from a DSP that their program could include people with Beth's abilities. Although she is not yet a full member at the Y, Beth now goes to their adult swim one time a week.

In this story, what would be the "special service" that Beth received?

What regular service was Beth able to use because of training by a DSP?

Mickey is nine years old and also has multiple disabilities. In school, he attends a resource room and receives physical therapy services, but goes to physical education with other children in the school. Although physically integrated into P.E., Mickey did not participate with the other children. His partner in group activities was always the gym teacher. After meetings with the physical education department and the physical therapist, the DSP was able to help the teacher and the other kids how to include Mickey through modeling and verbal instruction. Mickey now participates fully.

What happened so that Mickey was able to participate fully in regular P.E.?

If You Want to Read More About Individual Rights, Laws and Regulations

Americans with Disabilities Act, A Comprehensive Overview

California Department of Rehabilitation (1994)

A good resource guide with understandable information about the Act and its implications for people with disabilities.

Keeping the Promise of the Lanterman Act: Report 1

by the Assembly Office of Research (1984); California State Assembly

The Assembly Office of Research completed a study of the impact of the Lanterman Act fifteen years after it was signed into law. This two report series chronicles their findings.

Lanterman Developmental Disabilities Services Act

Distributed by the Organization of Area Boards (1998)

The full text of Division 4.5 of the Health and Welfare Statutes, including all amendments to the Act through 1997. This document is available at all local Area Boards. You may also find the complete text at the Department of Developmental Services website at <<http://www.dds.cahwnet.gov/>>.

References for this Session

Title 17, California Code of Regulations, Part II, Chapter 3

Title 22, California Code of Regulations

Lanterman Developmental Disabilities Services Act

Tri-Counties Regional Center Web Site <tri-counties.org/tritour.html>

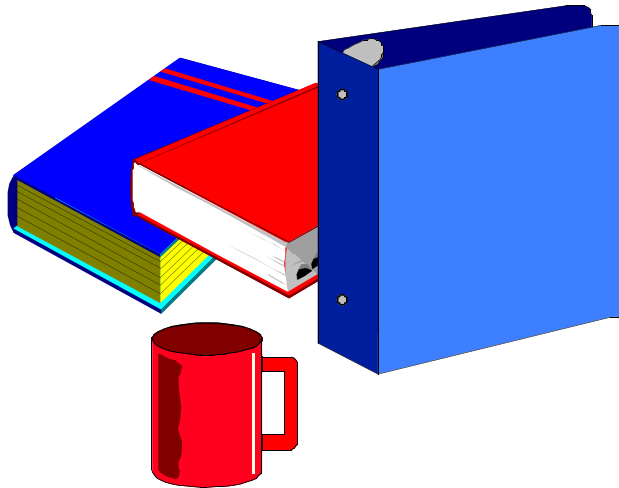
Protection and Advocacy Web Site <pai-ca.org>

Guardianship and Conservatorship: Helping Families Plan for the Future (Allen, Shea and Associates)

An Orientation for Regional Center Service Coordinators (Southern California Regional Center Directors Association, 1999)

**Direct Support Professional Training
Year 1**

Teacher's Resource Guide



Session #11 Leisure and Recreation

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services**

1999

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Positive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Session: 11
Topic: Leisure and Recreation

Core Objectives: Upon completion of this module, the DSP should be able to:

- LR-1 Promote community participation in leisure and recreation activities.
- LR-2 Research, develop and maintain information on community and other resources that meet individual leisure and recreation needs.

Time:	<i>Review of Homework Assignment</i>	5 minutes
	<i>Key Words</i>	2 minutes
	<i>Review Questions</i>	3 minutes
	<i>Introductory Discussion</i>	10 minutes
	<i>Visualization Exercise</i>	15 minutes
	<i>Being a Community Connector</i>	30 minutes
	<i>Fitting the Activity to the Person</i>	10 minutes
	BREAK	15 minutes
	<i>Natural Supports</i>	25 minutes
	<i>Additional Types of Support</i>	35 minutes
	<i>Organizations and Other Resources</i>	15 minutes
	<i>Discussion of Previous Homework Assignment</i>	10 minutes
	<i>Presentation of Next Homework Assignment</i>	5 minutes
	Total Time	180 minutes

- Materials:**
- Overhead Projector or LCD Projector with compatible laptop computer and PowerPoint application;
 - Hard copy of overheads or disk with PowerPoint presentation;
 - *Resource Guide* for all class participants; and
 - 100 blank notecards, 5 different colored transparency markers (if transparencies are used) or regular markers (if flip chart paper is used)

Preparation

Review the *Homework Assignment* and resource guide and make notes for your presentation on the presentation outline. Remember to practice reading visualization exercise aloud several times.

Review of Homework Assignment

Do

Show overhead #1

Say

Welcome to Session #3, Leisure and Recreation

We'll review the Homework Assignment just before the end of this session.

Key Words

Do

Show overhead #2

Say

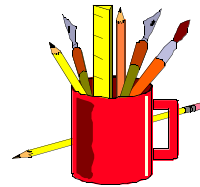
As always, you will find a list of key words that you will hear a lot during today's session.

They are:

- Leisure
- Community Connections
- Natural Support
- Family, Friends, Associations

Your Presentation Notes

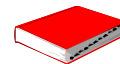
**Session 11:
Leisure and Recreation**



Session #11, Overhead 1

Key Words

- **Leisure**
- **Community Connections**
- **Natural Support**
- **Family, Friends, Associations**



Session #11, Overhead 2

Review Questions

Do

Show overheads #3 and #4

Say

The important points from today's presentation and activities are summarized in the review questions. As always, those questions are in your resource packet right after the key words. The review questions for today are:

1. What is the number one reason most people participate in recreation?
2. What are services and supports available to everyone called?
3. What do you call it when you change an activity to make it easier for everyone to participate?
4. What are the three roles of the DSP in assisting people to participate in recreation?
5. Support from a regional center is using what kind of service?
6. What is the first thing you should do to figure out if a support is needed?
7. What kind of relationships do children often make at school?
8. Where do adults often make friends?

Your Presentation Notes

In-Class Review

- What's the #1 reason to participate in recreation?
- What services and supports are available?
- How do you adapt an activity?
- What are 3 roles of DSP?
- A regional center is?

Session #11, Overhead 3

In-Class Review, continued

- What's the first step?
- What about relationships made at school?
- How are friends made?
- What should we keep in mind?
- What's a natural support?

Session #11, Overhead 4

9. A final thing to keep in mind when supporting a person in a recreational activity is?
10. What is it called when someone at work helps a co-worker?

Your Presentation Notes

Introduction

Say

Welcome to the next-to-last class session. Remember, you'll be taking the test at your next session. It will cover all eleven sessions and if you've been listening, participating in the discussions, completing the activities and homework, you should be in good shape to pass the test.

Say

At the end of your *Resource Guide* you will find Session #12. It contains helpful hints for test taking, preparation and study as well as a *Key Word Dictionary* that includes key words from all 11 sessions of this training.

Ask

What has been the most important information that you have learned so far in the course?

After everyone has had a chance to volunteer something . . .

Say

The only thing missing from that list is leisure and recreation. In fact, leisure and recreation activities are often missing when talking about services for children and adults with developmental disabilities.

Do

Conduct an activity to identify the reason people participate in recreation.

Give each person four index cards and -

Say

I would like you to write one reason why people participate in recreation on three of these cards. Please keep one blank.

After a few minutes

Ask

What are some of the reasons you have written down?

Do

Compile them on a blank transparency or on flip chart paper.

Say

Some are of your reasons are . . .

Be sure FUN is on the list...if no one suggests it, add it yourself and -

Your Presentation Notes

Ask

Now, please write the one reason that best describes why you participate in recreation on the remaining card, choosing from the list that we have developed.

After a minute or so:

Say

Please hold up your card.

Tally the responses with checkmarks on the transparency or flip chart.

If the number one response is then FUN, immediately put up overhead #5: Fun.

If not, re-frame their responses by saying that what you feel they are telling you can be summed up by the word . . . FUN!

Do

Show overhead #5

Visualization Exercise

Say

Right now, I would like to read something to you.

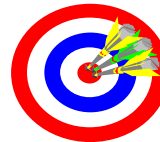
Read

Guided Visualization on the next 2 pages.

Your Presentation Notes

Number 1 Reason

FUN



Session #11, Overhead 5

INTRODUCTORY VISUALIZATION EXERCISE

EVERYONE, PLEASE GET VERY COMFORTABLE IN YOUR CHAIRS.
(WAIT A COUNT OF FIVE SECONDS) TRY TO RELAX. BE SURE YOUR FEET ARE COMFORTABLE AND YOUR HANDS ARE TOTALLY RELAXED. BREATHE DEEPLY FROM YOUR STOMACH LIKE THIS.....BREATHE IN TO A COUNT OF FIVE...1...2...3...4...5... HOLD IT FOR FIVE...1...2...3...4...5... BREATHE OUT FIVE...1...2...3...4...5...PAUSE FOR FIVE...1...2...3...4...5...NOW, CLOSE YOUR EYES AND BREATHE IN ...1...2...3...4...5...
HOLD...1...2...3...4...5...OUT...1...2...3...4...5...PAUSE...1...2...3...4...5...IN...HOLD...OUT...PAUSE...
KEEP BREATHING DEEPLY.

NOW, I'M GOING TO DESCRIBE TWO DIFFERENT DAILY ROUTINES TO YOU. PRETEND THESE ARE YOUR ROUTINES AS I TAKE YOU THROUGH THEM. GET IN TOUCH WITH HOW YOU FEEL AS YOU GO ABOUT YOUR FIRST SCHEDULE. READY..... TODAY YOU WILL FOLLOW A REGULAR SATURDAY ROUTINE.....

(READ THIS IN A PUSHED, BUT BORED VOICE) GOT TO GET UP AT SEVEN, THERE'S THE ALARM, RIIIIING, JUMP OUT OF BED AND DON'T FORGET TO MAKE IT RIGHT AWAY, PUT ON MY CLOTHES, GO DOWN TO BREAKFAST, MAKE THE TOAST FOR EVERYBODY, AGAIN, WASH THE DISHES, OH, GOTTA CLEAN MY ROOM NOW, THE CLOSET..... TAKE MY DIRTY CLOTHES TO THE LAUNDRY, STRAIGHTEN ALL MY DRAWERS, VACCUUM, DUST, HAVE SOMEBODY CHECK IT..OH, YES, FORGOT TO HANG UP MY ROBE, THERE, THAT'S DONE..... WATCH A LITTLE TV, EAT LUNCH, CLEAN THE LIVING ROOM...MAKE SURE I DUST ALL THE SHELVES....VACCUUM, STACK THE PAPERS, LOOK AT SOME MAGAZINES...OH, GOOD, THERE'S ONE ON COUNTRY MUSIC, I SEE GARTH, GO TO MY ROOM, LISTEN TO THE RADIO FOR AWHILE...COUNTRY FROGGY.... TAKE A WALK TO THE BACKYARD, OH, FORGOT TO TAKE OUT THE GARBAGE, DO THAT, HAVE A SNACK, WATCH CMT...WONDER IF I'LL SEE A NEW MUSIC VIDEO OF GARTH, TIME TO GET READY TO HELP WITH DINNER, MAKE

THE SALAD, EAT DINNER, WATCH SOME TV, TAKE MY BATH, LAY OUT CLOTHES FOR TOMORROW, GO TO BED. OH, BUT WAIT! HERE'S ANOTHER SATURDAY....

(*READ THIS IN AN EXCITED, HAPPY VOICE*) GOT TO GET UP AT SEVEN...GOT LOTS TO DO TODAY....RIIIING..JUMP UP AND PUT ON MY JEANS AND TENNIS SHOES...GOTTA HAVE A QUICK BREAKFAST 'CAUSE TODAY IS SOFTBALL PRACTICE AT ELEVEN AND SAM'S COMING BY TO WALK WITH ME....OH, BETTER BE SURE MY ROOM LOOKS OKAY...TOSS MY NIGHTGOWN IN THE DIRTY CLOTHES, PULL UP THE COVERS,....GOOD ENOUGH. OH, THERE'S THE DOORBELL...GREAT, I'M READY...I JUST LOVE SOFTBALL PRACTICE...MAYBE I'LL SEE THAT CUTE BOY FROM CHURCH THERE.....WHEW! A GREAT PRACTICE.....I'M STARVING! SAM ALWAYS LIKES GOING TO AROMA'S FOR COFFEE AND A SNACK...I'LL SUGGEST THAT.....GOTTA GET HOME SO I CAN GET A LITTLE GARDENING DONE BEFORE DINNER. I'M GOING TO TRY THAT NEW RECIPE I LEARNED AT WEIGHT WATCHERS. I'M GLAD I SHOPPED LAST NIGHT. YEP, I KNEW IT, DINNER WAS TERRIFIC...GET THOSE DISHES DONE, SO I CAN TAKE A QUICK SHOWER. OH...WHERE ARE MY BOOTS...OH, HERE THEY ARE IN THE BACK, AND MY RUFFLY SHIRT AND THE TIGHT JEANS, OH, BOY READY FOR LINE DANCE LESSONS AT THE COMMUNITY CENTER....HOPE I CAN REMEMBER BOOT SCOOTIN' BOOGIE...OH, WELL, I KNOW THE INSTRUCTOR WILL LET US REVIEW SOME...SHE'S SO PATIENT. ANYWAY, I'M ONE OF THE BETTER DANCERS. WHY, MY FRIEND SUSIE IS TERRIBLE! SHE SAYS SHE HAS TWO LEFT FEET. LET'S SEE, GOT MY BUS PASS, AND SUSIE WILL GIVE ME A RIDE HOME...MAYBE WE'LL GO OUT TO THE CLUB DOWN THE STREET, JUST FOR ONE BEER AND MAYBE THEY'LL PLAY BOOT SCOOTIN BOOGIE OR SOMETHING WE CAN DO THE ELECTRIC SLIDE TO...GOTTA GET HOME BY ELEVEN OR SO, THOUGH, CAUSE CHURCH IS TOMORROW AND I MIGHT SEE THAT BOY.....

OKAY, NOW, OPEN YOUR EYES SLOWLY, GET ACCUSTOMED TO THE LIGHT AND LET'S TALK ABOUT THESE DAYS.....

Do

After reading the visualization, lead a discussion about the feelings that each routine caused.

Ask

What words describe how you feel about the first routine? (such as boring, no fun, all work, etc.).

What words describe how you feel about the second routine? (such as fun, varied, exciting, individual, friends, etc.).

Say

A big part of the role of the DSP is to support people with disabilities to have lives that are as interesting as the life of the person in the second routine.

Community Connector

Do

Show overhead #6

Say

In order to help people connect with their communities, the DSP has the responsibility to get to know the local community and to get to know each individual. Many of the activities in this session are designed to help you be a good community connector.

Your Presentation Notes

The DSP as a Community Connector

- Knows the community
- Knows the person's
 - Likes/dislikes
 - Method of communicating
- Expects success
- Trusts others to be welcoming
- Forgives easily, builds on mistakes
- Focuses on gifts and abilities
- Understands how to "assist gently"
- Has a good sense of humor

Session #11, Overhead 6

Discuss

Lead a brief discussion of the items on the Community Connector list, for example, *what are some of the gifts and talents of the people you support, sports, hobbies?*

Fitting the Activity to the Person

Say

Find the Activity Checklist in your resource packet. It looks like this (hold one up and refer to page number).

I want you to fill it out.

It's about how recreation fits into your life.

After a few minutes . . .

Ask

Each person to select a partner and share the activity checklist.

After a few minutes . . .

Do

Show overhead #7

Conclude by discussing the various types of activities people in the group are involved in by asking about who participates in: team

Your Presentation Notes

The DSP as a Community Connector

- Knows the community
- Knows the person's
 - Likes/dislikes
 - Method of communicating
- Expects success
- Trusts others to be welcoming
- Forgives easily, builds on mistakes
- Focuses on gifts and abilities
- Understands how to "assist gently"
- Has a good sense of humor

Session #11, Overhead 6

Activity Checklist

I prefer activities where I am:

Alone With a couple of friends In a big group

When I have free time, I: (circle as many as you wish)

Watch TV	Go to the health club	Read a book
Work on a hobby	Go out to dinner	Travel
Go on a walk	Listen to music	Take a class
Make something	Hang out with friends	Camp
Take a nap	Play on a team	Go shopping
Hike	Go to a concert	Play
Think	Watch sports	Play with pets
(other)	(other)	(other)
(other)	(other)	(other)

Session #11, Overhead 7

Activity Checklist:
My Own Leisure/Recreation Style

I prefer activities where I am:

Alone

With a couple of friends

In a big group

When I have free time, I: (circle as many as you wish)

Watch TV

Go to the health club

Read a book

Work on a hobby

Go out to dinner

Travel

Go on a walk

Listen to music

Take a class

Make something

Hang out with friends

Camp

Take a nap

Play on a team

Go shopping

Hike

Go to a concert

Play

Think

Watch sports

Play with pets

(other)

(other)

(other)

(other)

(other)

(other)

sports (for example, football, softball, fitness activities), individual activities (for example, golf, fishing, hobbies like gardening, cooking, playing a musical instrument, reading, watching television.

Discuss

Point out the diversity of interests of participants and emphasize that the individuals that DSPs support have the same diversity of style and interest.

Ask

About how much time does each person spend on these recreation/leisure activities each week?

Use a show of hands

Less than an hour? up to two hours? five hours? up to ten hours? over ten hours?

Say

The following activity will give you some practice in looking at a person's interests and matching those interests to leisure and recreational activities

Do

Divide participants into groups of four or five so you have a maximum of five groups.

Your Presentation Notes

Say

I want you to turn to the pages in your *Resource Guide* which describe five individuals (refer to the page number).

Say

Following the description of the 5 individuals is a list of 12 activities.

Your job as a group is to find at least two activities that you think are a good match for each individual.

Do

Read each individual's description and then give the group 2-3 minutes to decide which activity might be appropriate.

Do

Show overhead #8

Record the answers

Go through each person one at a time and draw a line between the person and the suggested activities.

Call on the first group and ask for one matching activity.

Go through each group asking for one matching activity. After each group has had the opportunity to respond:

Your Presentation Notes

The Right Match!

- | | |
|--|---------|
| 1. Taking a class about getting college scholarships | |
| 2. Taking a drumming class | Susan |
| 3. Fishing with one other person | |
| 4. Joining a soccer team through the "Y" | Dionne |
| 5. Learning to make comics | |
| 6. Going on a "garden walk" with the garden club | Sam |
| 7. Joining Cub Scouts | |
| 8. Learning to play bridge | Sherril |
| 9. Taking a class in water painting | |
| 10. Going to a rock concert | Diego |
| 11. Joining the Computer Club | |
| 12. Taking a class to learn to swim | |

Session #11, Overhead 8

Activity: A Good Match!

First, read the descriptions of the following five individuals.

Susan is a young woman in her mid-twenties. She has many important gifts. She loves being around people and is usually happy and outgoing. She smiles often and people respond to her quickly. She has excellent fine motor skills. In fact, she works part time for a computer chip company putting together very small pieces of equipment with tweezers. She is able to understand one or two-part simple directions. At work, she uses an enlarged picture to remind her of how to do her job. She also has multiple disabilities: difficulty speaking, difficulty walking (she uses a wheelchair for long distances), and she understands best when only one idea at a time is discussed. She likes music and pictures in magazines. She also likes to be well groomed and have her clothes match well.

Dionne is eight and he is all boy! He likes to roughhouse with his dad and older brothers, wrestling around on the floor with them. However, he is pretty timid around strangers. Dionne has a hard time staying with any activity for long and he requires a 1:1 aide in school to keep him paying attention to what the teacher is saying or what the assignment is. He can read a little and seems to always choose books or magazines about sports. He is very coordinated and can run quite fast. One concern is that Dionne doesn't seem to have a very good idea about how to keep himself safe...he will run away from people with him and has run into the street a few times without looking.

Sam is in his early fifties. He lives in a home with five other men. Sam keeps to himself a lot, and refuses to go into the living room when the TV is on. All kinds of noise seems to bother him. Sam enjoys music played softly and he also likes to spend time outdoors. He often will pick flowers from the yard and put them in a vase for the dining room table. Sam likes everything to be organized and in its place. Having something moved or being prevented from following his daily routine can result in Sam becoming very upset and screaming...sometimes even hitting himself. Sam does like going out for coffee when there aren't many people in the shop.

Sherril is seventeen and lives with a foster family. Sherril has cerebral palsy and uses a motorized wheelchair to get around. She uses a communication device that prints what she types on a piece of paper. She is able to move her right hand and arm fairly well. She is able to feed herself, but needs a lot of assistance. She goes to a regular high school, where she has resource room support. She intends to transfer into a junior college program when she graduates. She hopes to be able to learn to get more experience with adapted computer equipment so she can get a good job when she's older. Sherril is quite shy and seems to do best with just one other person or in a small group, so there aren't too many conversations going at once.

Diego is in his mid-thirties and doesn't have a lot of skills. He does have a great smile, and it is obvious to everyone he meets when he likes something: he smiles and yells in delight. It is just as obvious when he doesn't like something....he cries and screams. He can feed himself, but he is not able to take care of his toileting needs. He can walk and often takes walks with staff. He also seems to like going in the car, especially if the trip includes a stop at Dairy Queen. He goes to an adult day activity program, where he seems to cry and scream a lot more than he smiles. There isn't a lot to do there that he can take part in, so mostly he just sits for long periods. He has, at times, gotten really upset and has knocked over work tables. But on the days when the "music therapist" comes by, he is always happy. He loves hitting his hand on the table in time to the music.

Next, work with your group on the following page to complete this activity.

Draw a line between each name on the right and at least two activities that seem like a good match based on the information you just read about each person.

1. Taking a class about getting college scholarships

2. Taking a drumming class

Susan

3. Fishing with one other person

4. Joining a soccer team through the "Y"

Dionne

5. Learning to make ceramics

6. Going on a "garden walk" with the garden club

Sam

7. Joining Cub Scouts

8. Learning to play bridge

Sherril

9. Taking a class in water painting

10. Going to a rock concert

Diego

11. Joining the Computer Club

12. Taking a class to learn to swim

Ask

Are there are possible activities that were missed.

Do

The same for each scenario. Use a different color marker for each person. You will find that there are many suggestions for each individual.

If an answer seems unusual, ask what about the person indicated the activity would be a good one.

Ask

What did you think about that activity?

Would it make sense to use this kind of matching activity where you work?

BREAK for 15 minutes

Presentation on Natural Supports

Introduce by mentioning that the word **support** is a very important one for today's class session.

Do

Show overhead #9

Your Presentation Notes

Support



Session #11, Overhead 9

Ask

What does support mean?

To support a person means being a friend, looking for strengths, not judging, assisting-not doing for, being encouraging, and just “being there” for a person.

Write those ideas on blank transparency or flip chart.

Do

Show overhead #10

If using transparencies, cover up all but *Natural Supports* and begin by explaining Natural Support -

Say

Natural supports are freely available and are often the result of participation in associations of one kind or another (for example, churches; clubs; community service organizations).

Natural supports are family, friends, staff members, community members and others that know and care about a person and with whom the person likes to spend time.

The term *natural support* is an important topic when working with people with developmental disabilities.

Your Presentation Notes

**3 Types of
Service & Support**

- **Natural Supports**
- **Generic Supports**
- **Developmental Services**

Session #11, Overhead 10

It's something that most of us often take for granted, however, people with developmental disabilities often have few natural supports.

Ask

Can you give me some examples of natural supports in your lives.

Ask

Why are natural supports important?

Discuss

You should hear comments like: makes you feel part of something, gives you friends, are your most important relationships, helps you, makes you feel good.

Ask

How are natural supports important to persons participating in recreation and leisure activities?

Discuss

You should hear comments like: helps you make friends, being a "buddy", helps support you when you first try something, "smooths the way" if there are problems, helps people be more independent, they "just feel good."

Do

Move to *Generic Services* on transparency.

Your Presentation Notes

3 Types of Service & Support

- Natural Supports
- Generic Supports
- Developmental Services

Session #11, Overhead 10

Say

Explain that generic services are services that everyone in the community uses. They are not just for people with disabilities.

Generic services include: Parks and Recreation programs, Big Brother/Big Sister organizations, Boys and Girls Clubs, Boy Scouts and Girl Scouts, any volunteer/service organizations such as Rotary or Lions club or the Chamber of Commerce.

Ask

Are there other examples of generic services in this community?

Do

Finally, move to term *Developmental Services*.

Say

This includes any organization developed to provide assistance solely to people with disabilities and their families.

Examples include Regional Centers and Special Olympics.

Ask

Are there other examples?

Some communities have classes designed especially for people with disabilities, like monthly dances through Parks and

Your Presentation Notes

**3 Types of
Service & Support**

- **Natural Supports**
- **Generic Supports**
- **Developmental Services**

Session #11, Overhead 10

Recreation, or “Swim Classes for People with Disabilities.”

Say

The importance of participation in typical community life...for children and adults with developmental disabilities has been a constant theme throughout this training.

Natural supports are important for participation in community life.

Let's take a closer look at *natural supports*.

Do

Show overhead #11

Say

In developing natural supports, it's important to ASK, ASK, ASK.

Is the natural support needed by the person?

Is the natural support available to the person?

Does the natural support meet the person's needs?

These are important things to think about when developing or using *natural supports*.

Your Presentation Notes

3 Types of Service & Support

- Natural Supports
- Generic Supports
- Developmental Services

Session #11, Overhead 10

Ask, Ask, Ask

- Is the natural support needed?
- Is the natural support available?
- Does it meet the person's need?

Session #11, Overhead 11

Do

Show overhead #12

Say

Families are families forever.

Ask

Who lives with their parents or other family members?

Ask

Who has seen their parents or a brother or a sister in the last month?

Ask

How many times a year do people see their parents?

Say

As you can see, this differs for everyone.

Family is basic-everyone at least starts with a family.

Say

Friends and peers come from many places.

Children in the neighborhood; children at school, classmates or peer tutors; co-workers; and, neighbors.

Your Presentation Notes

Family and Friends

- **Family is basic to everyone at some time**
 - **Shouldn't be only natural support**
- **Friends/peers come from many places**
 - **Children: school and neighborhood**
 - **Adults: often from work**

Session #11, Overhead 12

Ask

The group to go back into their groups of four or five

Say

I would like you to spend a few minutes looking at the natural supports for someone that you know at work.

Each of you should complete the circle found in your *Resource Guide* (refer to the page number).

After you have all completed the circle, talk about it with the others in your group by looking at all of them.

How are they the same?

How are they different?

Discuss

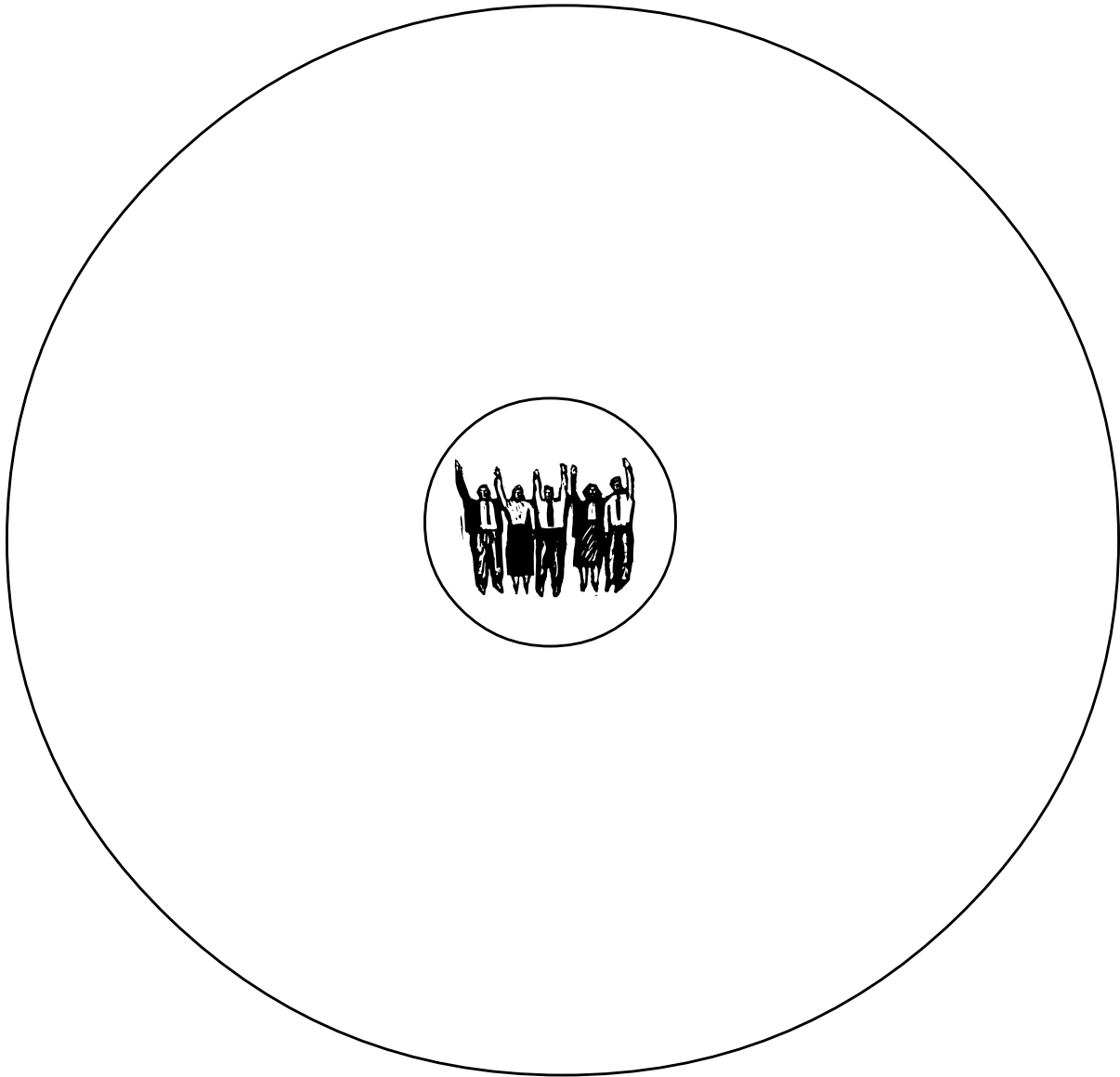
After about 10 minutes, ask the groups to report what they found out about the similarities and differences. Also, ask the participants to talk about the similarities between their own circles and those of the people with whom they work.

Say

In order to broaden the circles of the people at your work, it's important to have some familiarity with the organizations in your community.

Your Presentation Notes

Activity:
A Circle of Natural Support



Who are the people in the circle of natural supports for someone with whom you work? Who are family, friends, staff members, community members, others that know and care about this person? With which people does this person like to spend time?

Do

Show overhead #13

Say

Some community organizations provide associations exclusively for people with developmental disabilities, for example:

People First
"Best Buddies"
Special Olympics

Other organizations have reached out and adapted what they do for people with developmental disabilities, for example:

Challenger Division of Little League
Scouting

There are also many other typical community groups (for example, churches, clubs, service organizations) which have possibilities for developing natural supports and associations for the people with whom you work.

Ask

Does anyone have experience with any of these groups?

Discuss

Group experiences with community organizations. Which are the best ones? Which have been the most accepting to people with developmental disabilities?

Your Presentation Notes

Associations

- **Exclusive focus**
 - People First
 - Best Buddies
 - Special Olympics
- **Reaching out**
 - Challenger Division
 - Scouting
 - Others (for example, churches, clubs, service organizations)

Session #11, Overhead 13

Do

Show overhead #14

Say

The DSP can help develop leisure and recreation experiences for people in a variety of ways:

Providing information about community activities and organizations.

Discussing activities and community organizations whenever asked.

Encouraging participation in activities.

Connecting people with each other or with groups who have common interests.

Accompanying someone to an activity or organization when needed.

Helping figure out accommodations such as transportation or support.

Help provide assistance, encouragement and support to develop natural supports.

Your Presentation Notes

How Can the DSP Help?

- **Information**
- **Discussion**
- **Encouragement**
- **Connecting**
- **Accompanying**
- **Figure out accommodations**
- **Assist in using natural supports**

Session #11, Overhead 14

Do

Ask participants to turn to the role-playing activity in their *Resource Guide*.

Hold it up and refer to the page number.

Explain that this activity will give everyone an opportunity to experience what it will be like to act as a community connector.

The activity contains five situations, each of which has three roles: an individual with a disability, a representative from a community organization and a DSP. Explain that everyone is going to get an opportunity to play each role.

Go over each scenario briefly, and then allow about 15 minutes for the activity.

Discuss

What worked (and what didn't) in gaining access to community resources and natural supports.

Ask

How people felt when they were the person with a disability?

Answers such as "ignored, unimportant, etc.

Ask

How it felt to be the DSP and discuss

Your Presentation Notes

Activity: A Role-Playing Exercise

Making Connections

Listed below are several situations involving three people: (1) an individual with a disability (or that person's family), (2) a person to be approached in hopes of getting access to community resource and (3) a DSP, who is going to act as a go-between. Choose one of the situations and have each member of your group play a role. Select another situation, and each person in the group should select a different role. Finally, repeat the exercise one more time, playing the remaining role. After three exercises have been completed, each person in the group will have played each role. Be prepared to discuss with the larger group what worked (and what didn't) in gaining access to community resources and natural supports.

Situation A:

- (1) Joe is a young man with autism. He uses few words. He jogs 20 miles a week and likes to run in local road races. He is new in town.
- (2) Raul is the head of a local running club, which has about 30 members. Raul is totally "into his sport" but has no experience with people with developmental disabilities.
- (3) As the DSP, your job is to introduce Joe to Raul, and to get Raul to help find someone willing to run with Joe once or twice a week and to take him to local road races.

Situation B:

- (1) Sally has just moved into town and wants very much to attend a Methodist church close to her home.
- (2) Rev. Anderson supports diversity, but wonders whether Sally might be more comfortable going to the neighboring developmental center to worship.
- (3) As the DSP, your job is to introduce Sally to Rev. Anderson, and to find a way for Sally to be welcomed into their church community.

Situation C:

- (1) Billy, who lives with his foster parents, has Down Syndrome and really likes baseball. He has been in Challenger baseball, but he wants to join a “real” Little League team. He is pretty good at batting, but he has a hard time catching and throwing the ball.
- (2) The coach is a man who believes all kids should be able to play Little League ball. He is worried about what the other parents would think if he lets Billy on the team.
- (3) Your job, as DSP, is to think of a way to convince the coach that Billy should be on the team (he's really not a lot worse at baseball than some of the other kids.)

Situation D:

- (1) Candace has always wanted to be like her mother and be a member of the Soroptomists, a service organization for women.
- (2) Emily is the membership chairman for the local chapter. She is generous to a fault and likes to give money to charitable causes. She is hesitant, however, about how her fellow members might respond to Candace, who uses a wheelchair and has trouble understanding complex conversations. What if Candace is at a meeting and needs help to go to the bathroom or gets upset about something?
- (3) As the DSP, it's your job to introduce Candace to Emily and to convince the Soroptomists to welcome her into the club.

situations where the person was successful as a community connector?

Say

As you can see, the role of community connector is an important one and a difficult one as well.

Do

Show overhead #15

Say

Mention that the DSP has a role to be available if questions arise.

Using Natural Supports doesn't mean just leaving things to chance.

There may need to be some training before starting or just be available to answer questions and provide encouragement. Be sure to check how things are going frequently.

You need to be available to problem solve before a little thing gets big!

Ask

Everyone to get out their Homework Assignment.

Spend approximately ten minutes talking about the resources they brought in.

Your Presentation Notes

Supporting the Supports

- **Be available to answer questions**
- **May need to provide training**
- **Provide encouragement**
- **Don't forget to "check in"**

Session #11, Overhead 15

Go over the two scenarios in the homework packet and ask participants to answer the questions.

Say

That completes our session on leisure and recreation.

I hope you had fun learning about how to support people in having fun.

Next week is your test.

Say

At the end of your *Resource Guide* you will find Session #12. It contains helpful hints for test taking, preparation and study as well as a *Key Word Dictionary* that includes key words from all 11 sessions of this training.

Remember to review your questions and answers from each week as well as your resource guide.

See you next week!

Your Presentation Notes

Homework Assignment for Session #12: Your Test

Study the information in Session #12 about test-taking, review the *Key Words Dictionary* and the Resource Guides for all eleven sessions.

If You Want to Read More About Leisure and Recreation

A Guide to Developing Community Connections

Compiled by Patsy Davies & Claudia Bolton (1996) Self-Published; available from Allen, Shea & Associates, 1040 Main Street, Suite 200B, Napa, CA 94559.

A user-friendly workbook that can help a DSP increase skills needed to connect people to community.

Don't Forget the Fun: Developing Inclusive Recreation

by Komissar, Hart, Friedlander, Tufts and Paiewonsky at Project Rec (1997)
Institute for Community Inclusion (UAP), Children's Hospital, Boston, MA 02115

An excellent, comprehensive manual that is very readable and well-organized. Includes such topics as "Developing Supports" and "Accommodation Strategies".

Lifelong Leisure Skills and Lifestyles for Persons with Developmental Disabilities

by Luanna Meyer, et al, (1995); Paul Brooks Publishing Co.; ISBN 1-55766-147-2

Provides information on teaching various leisure skills. Also includes forms and assessment strategies.

Inclusive Leisure Services

By John Datillo, Venture Publishing Co. (1994); ISBN 0-910251-68-1

Provides information about various disabilities, including blindness and other physical challenges. Also includes a summary of ADA and its application to leisure services.

References for this Session

A Guide to Developing Community Connections

Compiled by Patsy Davies & Claudia Bolton (1996); Self-Published

Community Leisure and Recreation

Edited by Les Haywood, Butterworth-Heinemann Ltd. (1994); ISBN 0-7506-0688-6

Don't Forget the Fun: Developing Inclusive Recreation

by Komissar, Hart, Friedlander (1997); Tufts and Paiewonsky at *Project Recreation*; Institute for Community Inclusion (UAP), Children's Hospital, Boston, MA 02115

Lifelong Leisure Skills and Lifestyles for Persons with Developmental Disabilities

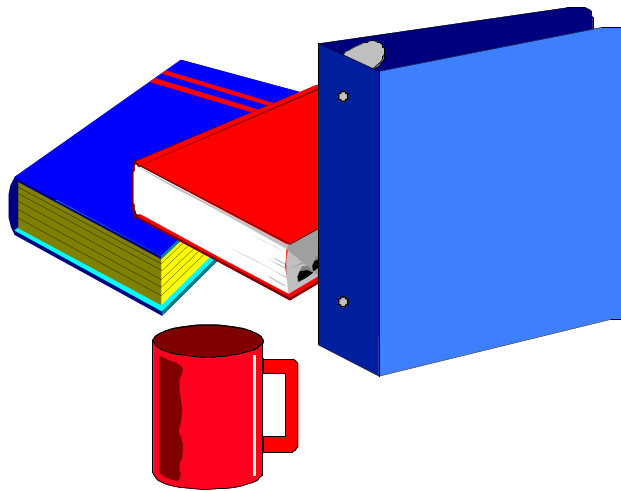
by Luanna Meyer, et al (1995) Paul Brooks Publishing Co.; ISBN 1-55766-147-2

Inclusive Leisure Services

By John Datillo (1994); Venture Publishing Co, 1994; ISBN 0-910251-68-1

Year 1
Direct Support Professional Training

Teacher's Resource Guide



Session #12 **Additional Resources and Preparing For The Test**

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services
1999**

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Additional Resources

Key Word Dictionary

Active Listening

The key elements of active listening are: (1) hear the words; (2) figure them out; and (3) then respond.

Adverse Reactions

Harmful physical and behavioral changes that are due to the effect of a medication are considered adverse reactions. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be an adverse effect of a medication.

Antecedent

The behavioral "triggers" and other events (including medical variables, activity, environment, people present, time of day) that are present BEFORE the behavior occurs.

Behavior

All behavior is communication. By "listening" to what the behavior is saying, we can often discover the reason why the behavior is happening.

Choice

How much choice do people have throughout their lives? Choice or lack of choice can affect the way that individuals respond to their environment.

Communication

The process of sending and receiving information to others. We communicate for many reasons, including: (1) giving and getting information; (2) expressing feelings; (3) helping with problem solving; (4) teaching; (5) socializing; (6) persuading; (7) decision-making; and (8) building relationships. Regardless of the reason we are communicating, it is important to be clear about the message, and be certain that we understand another person's message to us.

Communication and Behavior

People's behavior usually communicates three things: (1) what the person wants; (2) what the person doesn't want; and (3) when the person wants attention. All behavior has a communicative purpose.

Communication Systems

The basic types of communication systems are: (1) sign language; (2) communication boards; and (3) gestures.

Community Care Licensing

The Community Care Licensing Division of the Department of Social Services licenses homes for children and adults with developmental disabilities.

Community Connections

The DSP has a responsibility of getting to know the community and helping the people that he or she supports in making connections. This is important for developing friendships and providing opportunities for leisure-time activities based on individual preferences.

Confidentiality

Confidentiality means to respect the privacy of the people that you support. You do not discuss information about individuals with your friends; you do not take individuals' files out of the facility; you do not give information to persons who might ask for it including family members without the signed consent of the individual, conservator, or legal representative. You do not discuss confidential information about an individual with another individual in the facility.

Consequence

What happens AFTER a behavior which may be reinforcing (maintaining) it.

Developmental Disability

According to a California law called the *Lanterman Developmental Disabilities Services Act*, a developmental disability: begins before someone reaches age 18; is something that goes on throughout life; is a substantial disability for the individual; and often means there is a need for some kind of assistance in daily living. Included are mental retardation, cerebral palsy, epilepsy and autism. Also included are people who need the same kinds of support as those who have mental retardation. It does not include people who have only physical, learning or mental health challenges.

Direct Support Professional

The term *direct support professional* (DSP) describes persons who work with people with disabilities in the places where these individuals live and work. They also assist individuals and their families in making choices; in leading self-directed lives; and in contributing to their communities. Finally, they encourage attitudes and behaviors in the community that support the inclusion of individuals with developmental disabilities.

Diversity

Diversity is the important mixture of people who bring different backgrounds, styles, values, perspectives and beliefs as assets to the groups and teams with which they work.

Documenting Progress

The result of good teaching is that an individual makes progress toward learning new skills. One way to check for progress is by comparing how much of a skill the individual has learned from week to week or month to month.

Drug Interactions

Adverse reactions or side effects may be caused by interactions between two or more drugs and by interactions between drugs and food and/or drink.

Emergency Services

All emergencies call for prompt medical attention, either by calling **911**, and having paramedics involved, or by calling a Poison Control Center (**1-800-8-POISON**) and getting advice, or by taking the person to an Emergency Room (ER) or Urgent Care Center where a triage nurse will determine the speed of response. If the implications of the emergency are uncertain, it helps to be at the ER to wait and see. That way, if the person takes a turn for the worse, getting medical help can take less time.

Environmental Emergencies

Some disasters are “internal,” as when a fire occurs within the home. Others are “external,” as when an earthquake, flood, tornado, toxic spill, or other event outside the home interferes with power, water, food supplies, or other essential services. Some “external” disasters trigger “internal” ones as well, as when a flood damages a home, or an earthquake triggers a fire. Regardless of the nature of the disaster, four matters are central to what needs to be done: (1) Are there injuries that require first aid and medical attention? (2) Does the home have to be evacuated, or is it safe to occupy? (3) Are there sources of food and water? (4) Has the disaster interfered with public utilities, such as gas, electricity, and communications?

Error Correction

Individuals will learn more quickly if they are able to practice new skills while making few or no errors instead of practicing the skill with many errors. If staff see that the learner is about to make a error on one of the steps of a skill, staff should increase the help provided to avoid the error. If an error occurs on a given step, staff should have the learner try the step again with additional prompts and make sure that the error does not occur the second time the learner tries the step.

Family, Friends, Associations

These persons and relationships are all a part of an individuals natural support system.

First Aid

A response to either a serious medical emergency or a minor first aid situation. Serious medical emergencies call for immediate action. First aid techniques include: Abdominal Thrusts; Rescue Breathing; and/or Cardio-Pulmonary Resuscitation (CPR). Your confidence in dealing with both major and minor emergencies will be reassuring to an injured person.

Friendships

Friends don't care what's in the person's IPP objectives. They like the person "just because." Friends can offer people a way to practice what we teach in our programs. Friendships have an energy that can't be otherwise created.

Hand-Washing

To prevent the spread of germs, frequent and vigorous hand-washing is considered the most important single thing a person can do.

Health Care Assessment, History and Plan

Health assessments identify health problems or needs. Plans are developed by health care professionals in response to identified problems. A current physical examination and a health history are two essential elements of a health assessment.

Hydration

Water is fundamentally important to life. Water regulates many processes (body temperature; waste removal), and carries minerals. Most people should drink eight 8-ounce glasses of water a day, or more if one drinks caffeinated beverages. Caffeinated beverages (for example, coffee, tea, soda) are dehydrating.

Individual Routines

We hardly think about the daily routines that get us through the day. We have individual routines for the week, the month, the year and those rites of passage and life cycle events that are positive parts of our lives. We need to consider the role that individual routines play in the lives of the people we support and insure that positive routines are respected.

Infection Control

One should be careful not to transmit infection (germs which can cause illness or disease) to others and equally important, one should be careful not to be infected by others. Hand-washing and the use of disposable gloves are two ways to prevent infection.

Intimacy

Studies show that teaching people about sex makes it less likely that they will be sexually abused. To help protect people from abuse, it's important to talk about: accurate terms for body parts; that giving and getting sexual pleasure belongs in the context of a loving relationship; basic information about pregnancy, and safe sex behavior; and, sexually transmitted diseases and how to protect against their spread.

Lanterman Act

This Act provides a statement of the service rights and responsibilities of individuals with developmental disabilities; an entitlement to services and supports; and, it creates the regional center system of providing services throughout the state.

Laws and Regulations

The legal authority by the state and federal governments to monitor services and supports for people with developmental disabilities.

Learning Goals

These are individual goals which require learning skills for completion. For example, if someone wants to go fishing and has never fished before, it would require a series of learning goals.

Leisure

Leisure is time free from work. The word leisure comes from Latin and it means "to be permitted."

Lifting

At some time during their lives, four out of five people experience back problems (muscle spasms, slipped discs, etc.). Minimizing back problems calls for two things: (1) proper use of your body when lifting, pushing, or reaching for things; and (2) exercises to strengthen your back. Regarding the former, it is a good idea to: push, not pull (a garbage container; a dolly; a cart); move, not reach (to get the things you need); squat, not bend (when you have to reach down to get something); and turn, not twist (when you want to go in a different direction).

Mandated Reporter

DSPs are considered mandated reporters with a legal duty to report suspicion or knowledge of child, dependent adult, or elder abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

Medical Emergency

A medical emergency is an unexpected event calling for first aid, followed by prompt medical attention. Some emergencies call for an immediate response to protect life. Other times the immediate response can be simply cleaning and applying sterile covering to a cut or abrasion.

Medication

Medications are powerful substances which many of us have come to depend on as an important part of our lives. Medications are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Medication Recording

The use of a Medication Log as a way to prevent medication errors is strongly recommended. The Medication Log should, at a minimum, contain information about an individual's medications (strength, form and dose) and list times for administration.

Medication Self-Administration

In a Community Care Facility, the DSP can only assist with self-administration of medication. Only a licensed health professional can administer medications. A physician must document an individual's ability to safely self-administer medications without assistance from the DSP.

Modeling

Modeling is another way to assist an individual in completing a skill. Modeling involves showing the learner how to do part or all of a skill.

Movement, Exercise, and Physical Fitness

Regular physical activity helps to maintain physical (and emotional) fitness. Moving about aids digestion and elimination, strengthens muscles and joints (helping maintain bone density). If stretching is a part of regular physical activity, flexibility is enhanced. And, if a person exercises vigorously every other day, for thirty minutes or more, the cardiovascular system will become more efficient.

Natural Support

Natural supports are services and supports, freely available, from family members, friends, co-workers, and associations of one kind or another (e.g., churches; clubs; community service organizations). Natural supports are for all people and not specifically for people with disabilities.

Natural Teaching

It is important to teach the skill at any time during the day or in any place when and where the need for the skill arises. For example, a natural time during the day for Lucinda to practice using the telephone could be when the group decides to order a pizza for supper. Lucinda could make the telephone call to place the order.

Nutrition

Good nutrition helps keep us healthy. Poor nutrition can shorten our lives, and make our lives less fulfilling. Poor nutrition can contribute to: coronary heart disease; hypertension; cancer; obesity; osteoporosis; and dental disease

Personal Health Advocacy

There are two ways of working with doctors and other health care professionals. One is to be an active partner, providing information, asking questions, discussing options, and contributing ideas as to what actions will be taken. The other, more traditional approach is to be *passive and accepting*, treating the doctor and others with great deference and asking them to do all the thinking and all the work. With rare exceptions, physicians prefer the former to the latter.

Personal Hygiene

Hair should be shampooed regularly. Guard against **sunburn**, by wearing a broad-brimmed hat and loose clothing, and staying out of direct sunlight. **Skin breakdown** is a serious and ever present concern for people who use wheelchairs and/or do not move about and change positions. Proper dental hygiene, combined with regular professional exams and cleaning, pays great dividends. Fingernails and toenails should be kept trimmed and clean.

Pharmacy/Pharmacist

Pharmacists at your local pharmacy are licensed to fill the prescriptions written by physicians. They often have more working knowledge about drugs, side effects, and interactions than prescribers. Asking both the physician and the pharmacist is a good idea, because that strategy makes use of “checks and balances” within the system of health care.

Positive Consequence

When teaching individuals with disabilities, providing positive consequences for an individual’s effort can help the individual learn more quickly. Positive consequences used in teaching can take many forms. Praising the learner for doing something right is one way to motivate many individuals as they learn new skills. Opportunities to get a preferred item or participate in preferred activities are other ways that may motivate an individual to learn a new skill.

Praise

Praising the learner for doing something right is one way to motivate many individuals as they learn new skills.

Prescription

Prescription medications which must be ordered by a physician (or other person with authority to write prescriptions).

Prompts

The help given an individual to learn a new skill is called a prompt. There are many different types of prompts (for example, verbal, gestural) staff can use to help an individual learn and complete a new skill.

Positive Reinforcer

Reinforcement is one of the most important teaching tools. A reinforcer is a special kind of positive consequence because it has an effect on learning. The only way to know if a consequence is working as a positive reinforcer is if the individual shows progress on the skill over time.

Regional Center

In California, many services for people with (or 'at risk') of a developmental disability are coordinated through a network of twenty-one, non-profit Regional Centers established by the Lanterman Act. If a person is eligible, Regional Centers provide planning and related services, including service coordination.

Relationships

Studies show that the reason that friendships grow into important relationships is because people live close to each other and are able to see each other on a regular basis. We may have to assist people in starting relationships, and be available to encourage their continuation.

Replacement Behavior

A behavior or skills that allows a person to get their needs met in a more socially appropriate way, and, that will “work” just as well as the challenging behavior.

Safety

Home accidents in the United States claim about 20,000 lives per year, more than work-related accidents, but less than motor vehicle accidents. DSPs can increase safety around the house and reduce the likelihood of injury or death by doing the following: eliminating hazards (for example, slippery floors) around the house; doing things in a safe manner (for example, lifting, helping with transfers); education and training to reduce risk and to respond appropriately when injuries happen; sharing information about hazards; and preparation and development of contingency plans, and practice.

Side Effects

Know what medications are being used by people in the home where you work and learn all you can about medications. Know what possible side effects are, and be sure to ask the physician what kind of reactions should be brought immediately to his/her attention. Write these down, and be sure everyone knows what to do, and does what they are supposed to do.

Signs and Symptoms

Observation is about noticing **change** in a person's attitude, behavior, or communication (ABCs). When we observe changes, these are called *signs*. The sign may be a *symptom* of a disease, illness, or injury. It may also mean that someone is getting better.

Social Skills

The skills that it takes to develop and maintain friendships like listening to another person, communicating well, doing thoughtful deeds.

Special Incident Report

Special Incident Reports are the documents prepared by service providers detailing special incidents and provided to the regional center.

Speech and Language Disorders

There are two kinds of communication disorders. A speech disorder is caused by speech muscles that don't work, cleft palate, or from having no teeth. Incorrect articulation is a common speech disorder. Language disorders are sometimes caused by damage to some area of the brain. With a language disorder a person may be limited in their ability to understand language. This is called receptive language. A person's ability to talk might be limited, which is called their expressive language.

Standard Precautions

Standard Precautions are an approach to infection control. These precautions apply to all blood, all body fluids, secretions, and excretions (except sweat), whether or not they contain visible blood. They also apply to mucous membranes and where there is a cut or abrasion. *Standard Precautions* protect both the individual being assisted and the DSP.

Task Analysis

Listing the sequence of actions or steps involved in completing a skill is called a task analysis.

Teamwork

Teamwork is about sharing, cooperating, and helping one another. An effective team is a group of people working together with a common purpose, who value each others contributions and are working toward a common goal. Working through teams usually gets better results than a lot of individual efforts which may be working against each other.

Teachable Steps

The purpose of a task analysis is to provide a series of teachable steps.

Title 17

These regulations (developed by the Department of Developmental Services) govern how services are delivered within the California developmental disabilities services system

Title 22

These regulations (developed by the Department of Social Services) provide policies and procedures for licensing, monitoring and evaluating Community Care Facilities.

Values

Values are feelings and beliefs about how life and relationships should be. Our values guide us in our daily interactions with others. Services for people with developmental disabilities in California are based on an important set of values. These values can be found in the Lanterman Developmental Disabilities Services Act. Services for people with developmental disabilities are based on the values of choice, relationships, regular lifestyles, health and well-being, rights and responsibilities, and satisfaction.

Verbal and Nonverbal Communication

Verbal communication occurs when you use words while non-verbal communication can include: (1) sign language; (2) communication boards; and (3) gestures.

Additional Resources

Preparing For Your Test

Size Up The Test

Here's what you should know before you take the test:

- Are the questions primarily from the presentations, *Resource Guide*, or both?
- Do the questions focus on main themes, details, or both?
- What types of questions will it include: essay, short-answer, multiple choice?

Here's how you can get the information:

- Ask your teacher.
- Ask someone who has already taken the exam about it.
- Look over the *Resource Guide*, *Key Words*, *Review Questions* and your notes for clues.



The Five Steps of Taking a Test

Step #1

Catch your breath.

Step #2

Read the directions - carefully.

Step #3

Skim through the test.

Step #4

Budget your time.

Step #5

Attack the questions.

Strategies to Get You Out of A Jam When Taking The Test

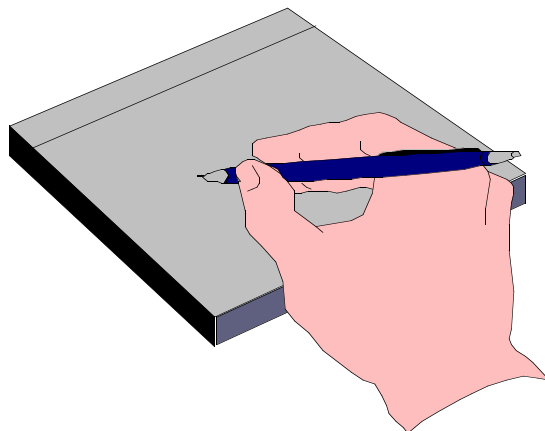
- Try rephrasing the question yourself.
- Postpone the question until later.
- If you can't remember some fact, try visualizing where in the *Resource Guide* or your notes it was located.
- Examine the precise wording of the question for potential clues.
- If you are running short of time, consider leaving some questions blank.

Multiple-Choice and True-False Tests

- Read every word of the question and choices carefully.
- Take questions at face value.
- After reading the question, anticipate the answer and look for it among the choices.
- If you still can't find the answer, "back into" it by using the process of elimination.
- Read each choice.
- If you can't decide among the remaining choices after using the process of elimination, circle the question number and move on immediately.
- Always guess if you can eliminate at least one choice.
- If a question seems suspiciously simple, ask yourself why anyone would ask it.

These notes were taken from *WHAT SMART STUDENTS KNOW: Maximum Grades, Optimum Learning, Minimum Time* by Adam Robinson.

Good Luck on Your Test!



Year 1 Teacher

Quiz Instruction Sheet

Supplies: One quiz sheet for each student. One copy of the answer key for trainer. A Student Summary Sheet for each student.

Trainer Instructions: There is a 10-question quiz for each session of the Year 1 training. Each quiz is in a True/False format. The final test at the end of the training (Session 12) will include questions from each quiz.

In all quizzes, the word “you” refers to the DSP. “Individual” or “person” refers to the person with developmental disabilities.

When you are ready to administer the quiz, hand one quiz to each student. Read the following directions out loud:

“Read each question carefully. Answer each question by circling T for True or F for False. Let’s do an example together. Look at the question in the box at the top of your quiz sheet.” (Read the question out loud. Have the class answer it together.)

1. **T / F** DSP stands for *Direct Support Professional*.

“The answer to this question is True, so the T is circled. Did everyone circle the T? Does anyone have any questions?”

After answering any questions and assisting any student who did not circle the T, say, **“You may begin.”**

Have students complete the quiz individually. Each quiz should take approximately 10 minutes for students to complete.

Review the quiz as a group and have each student grade his or her own quiz. Ask students to write the number missed at the top of the page. Review all questions and discuss the right answer. If the quiz question is false, make sure that all the students know the “True” answer.

Record the results of each student’s quiz on the Student Summary Sheet (along with attendance and skill check information). However you choose to record the scores e.g. collect the quizzes at the end of each session and return to students next session, all students must have a copy of the corrected quizzes in order to prepare for the test. At the end of the training class, the Student Summary Sheet is distributed to the student and his/her administrator by the ROCP. See the ROCP Procedure Manual, Section 3: Student Registration or Section 5: Distribution of Test Results for additional information.

Year 1 Teacher

Quizzes

Direct Support Professional Training Year 1

Session 1: Introduction

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | The main goal of this training is to improve the quality of care for people with developmental disabilities. |
| 2. T / F | A developmental disability starts after someone turns 18. |
| 3. T / F | A developmental disability can be caused by something that occurs before, during, or after birth. |
| 4. T / F | A “mentally retarded person” is an example of people first language. |
| 5. T / F | <i>Diversity</i> means that everyone should be the same. |
| 6. T / F | One of the values of the California developmental disabilities service system is that people have the choice of where and with whom to live. |
| 7. T / F | A Direct Support Professional supports people with developmental disabilities in a variety of settings and activities. |
| 8. T / F | Trust is necessary to make a team work. |
| 9. T / F | A good team works toward a goal everyone agrees upon. |
| 10. T / F | All people with mental retardation and cerebral palsy have slurred speech and an unusual walk. |

Direct Support Professional Training Year 1
Session 2: Communication

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | When communicating with other people it is important to be clear about your message. |
| 2. T / F | A person's behavior is often an attempt to tell others what he or she wants or doesn't want. |
| 3. T / F | A limited ability to understand language is an example of a speech disorder. |
| 4. T / F | One reason people communicate is to get information. |
| 5. T / F | Gesturing is an example of verbal communication. |
| 6. T / F | Sign language, communication boards, and gestures are examples of barriers to communication. |
| 7. T / F | <i>Active listening</i> means answering a question before understanding what the person was trying to say. |
| 8. T / F | A facial expression is an example of nonverbal communication. |
| 9. T / F | It takes at least two people to communicate. |
| 10. T / F | Speaking in short sentences helps to facilitate communication. |

Direct Support Professional Training Year 1
Session 3: Wellness
Nutrition, Exercise, and Safety

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

- | |
|---|
| 1. T / F DSP stands for <i>Direct Support Professional</i> . |
|---|

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|---|
| 1. T / F | Good nutrition keeps us healthy. |
| 2. T / F | People need to drink <u>only</u> one glass of water every day. |
| 3. T / F | Disposable gloves should always be worn when shaking hands with another person. |
| 4. T / F | Food that needs to be refrigerated can be left in the car for several hours before you bring it in. |
| 5. T / F | Regular physical activity helps relieve stress and increase strength. |
| 6. T / F | Frequent and thorough hand washing is the most important way to stop the spread of germs. |
| 7. T / F | A change in a person's activity level could mean the person is sick. |
| 8. T / F | It is important to have a plan and be prepared because accidents and emergencies can happen at any time or any place. |
| 9. T / F | When moving a heavy object, one way to protect your back is to "push, not pull." |
| 10. T / F | Store poisons in a locked area away from food. |

Direct Support Professional Training Year 1
Session 4: Wellness
Medications

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|---|
| 1. T / F | When assisting with medication, be sure you have the <u>R</u> ight person, <u>R</u> ight medication, <u>R</u> ight dose, <u>R</u> ight time, and <u>R</u> ight route. |
| 2. T / F | It's okay to prepare a single dose of medication for a person to take with them to work. |
| 3. T / F | In a licensed community care facility, a physician's order is required for over-the-counter medication. |
| 4. T / F | It is important for you to ask the physician and/or pharmacist about both intended and unintended side effects of prescription medication. |
| 5. T / F | You don't need to lock up a medication if the person can give it to himself or herself without assistance. |
| 6. T / F | A medication log contains information about a person's medications, including when the medications should be given. |
| 7. T / F | Assisting people with medications is one of the most serious and important things you do. |
| 8. T / F | You may prepare and assist with medication in a dirty, dimly lit, noisy area. |
| 9. T / F | Part of your job is to observe, report and document any adverse side effects of medications. |
| 10. T / F | Each time a dose of medication is taken, it should be documented in the medication log. |

Direct Support Professional Training Year 1
Session 5: Wellness
Responding to Individual Needs

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | A current physical exam and a health history are two essential parts of a health assessment. |
| 2. T / F | Constipation is a symptom of a problem and if untreated can lead to serious health conditions. |
| 3. T / F | All adults, regardless of age, need the same type of medical screenings and exams. |
| 4. T / F | Before an individual you support goes to see a doctor, you should work with him or her to write up a list of questions for the doctor. |
| 5. T / F | <i>Good dental hygiene</i> means brushing your teeth once a day. |
| 6. T / F | A temperature within two degrees of 98.6 is considered normal. |
| 7. T / F | To assist a person having a seizure, yell at them to stop, make sure they stay seated in a chair, give them a drink of water. |
| 8. T / F | When people can't use words, you may learn how they feel by observing their behavior and appearance. |
| 9. T / F | A medical emergency is an unexpected event that requires first aid, followed by prompt medical attention. |
| 10. T / F | Abdominal pain and decreased appetite may be symptoms of constipation. |

Direct Support Professional Training Year 1
Session 6: Positive Behavior Support

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | Behavior is communication. |
| 2. T / F | Behavior is a way of getting something the person wants or avoiding something that person doesn't want. |
| 3. T / F | An antecedent is something that happens after a behavior. |
| 4. T / F | An effective replacement behavior works as well as the challenging behavior in meeting an individual's needs. |
| 5. T / F | Reinforce the replacement behavior as soon or sooner than the original behavior. |
| 6. T / F | A challenging behavior will continue if it is the best way the person knows to get his or her needs met. |
| 7. T / F | A person's behavior is <u>not</u> affected by the time of day, the activity or the people involved. |
| 8. T / F | One way to find out why a challenging behavior may be happening is to talk with the people who know the person well. |
| 9. T / F | Staff and administrators should help develop a positive behavioral support plan. |
| 10. T / F | All people learn best by reading the information. |

Direct Support Professional Training Year 1
Session 7: Teaching Strategies
Relationships, Task Analysis and Prompts

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | The more things people can do for themselves, the more control they have over their lives. |
| 2. T / F | Getting to know what the person likes or dislikes will help you understand the best way to support that individual. |
| 3. T / F | New skills need to be taught in a different way every time. |
| 4. T / F | The goal of teaching is to help a person learn something that he or she wants to do. |
| 5. T / F | You should practice a skill before teaching it to another person. |
| 6. T / F | Of the three types of prompts (verbal, gestural, or physical), verbal prompts always provide the most help when teaching new skills. |
| 7. T / F | If a person doesn't respond to a prompt immediately, repeat the prompt right away. |
| 8. T / F | You should always use physical guidance as the first prompt. |
| 9. T / F | When teaching a skill, one way to check for progress is by comparing how much of the skill the person has learned from week to week. |
| 10. T / F | A task analysis is a complex skill broken down into smaller, more teachable steps. |

Direct Support Professional Training Year 1
Session 8: Teaching Strategies
Positive Feedback and Natural Times to Teach

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

Answer Question

1. **T / F** Everyone learns better when encouraged and positively motivated.
2. **T / F** A reinforcer is any item, event, or activity that follows a behavior and makes the behavior more likely to occur again.
3. **T / F** Everyone responds to the same set of reinforcers.
4. **T / F** Use the same reinforcers every time you teach a new skill.
5. **T / F** If coffee was a reinforcer for Sally when she learned to wash the dishes, then coffee will be the only effective reinforcer for teaching Sally any skill.
6. **T / F** People enjoy and benefit from frequent praise.
7. **T / F** Giving an individual a favorite item after he or she finishes a task is an example of a positive consequence.
8. **T / F** The best way to teach is to minimize learner errors.
9. **T / F** Teach at a time when the person needs to use the skill.
10. **T / F** Teaching should be as positive and enjoyable as possible.

Direct Support Professional Training Year 1
Session 9: Daily Living

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

Answer Question

1. **T / F** Daily routines are an important part of everyone's lives.
2. **T / F** Taking a walk every day at the same time can be comforting.
3. **T / F** People's routines should change to meet the needs of staff.
4. **T / F** A good schedule should not allow for any flexibility.
5. **T / F** People with disabilities enjoy life without friends.
6. **T / F** Being a friend includes finding a way to resolve differences.
7. **T / F** You can help people learn the social skills necessary to be a friend.
8. **T / F** Helping an individual join a gym is one way to help him or her make friends.
9. **T / F** Friendships may grow when people can spend time together.
10. **T / F** Listening to an individual is a good way to learn more about that person.

Direct Support Professional Training Year 1
Session 10: Individual Rights,
Laws and Regulations

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|--|
| 1. T / F | Regional centers provide services to adults and children with developmental disabilities. |
| 2. T / F | People with developmental disabilities have different constitutional rights than everyone else. |
| 3. T / F | The courts authorize a conservator to make certain decisions for an adult with a developmental disability. |
| 4. T / F | The Lanterman Act establishes the right of every person with developmental disabilities to be treated with dignity and respect. |
| 5. T / F | California Code of Regulations, Title 22 and Title 17, include the requirements for licensed community care facilities serving people with developmental disabilities. |
| 6. T / F | You should wait to report child abuse until you're absolutely sure you know it's happening and who is doing it. |
| 7. T / F | A Special Incident Report must be submitted to the regional center within a week of the incident. |
| 8. T / F | <i>Confidentiality</i> means that you can discuss information about the individuals you support with anyone who asks. |
| 9. T / F | <i>Advocacy</i> means treating adults like children and making choices for them. |
| 10. T / F | All adults with developmental disabilities are incompetent and unable to make decisions for themselves. |

Direct Support Professional Training Year 1
Session 11: Leisure and Recreation

Quiz

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T / F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|------------------|---|
| 1. T / F | People play sports and games to have fun. |
| 2. T / F | It is important to know the likes and dislikes of the individuals you support when planning recreational activities. |
| 3. T / F | Part of your job is to match an individual's interests to leisure and recreational activities. |
| 4. T / F | All leisure and recreational activities should be provided in the home. |
| 5. T / F | Natural supports rarely include family, friends, staff members, community members and others who care about a person. |
| 6. T / F | Generic services are just for individuals with developmental disabilities. |
| 7. T / F | Helping a co-worker is called a natural support. |
| 8. T / F | A person's family should be his or her only natural support. |
| 9. T / F | The local parks and recreation program is an example of a generic service. |
| 10. T / F | It is important that you help individuals find ways to participate in community activities. |

Year 1 Teacher
Quiz Answer Key

Direct Support Professional Training Year 1
Session 1: Introduction

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | The main goal of this training is to improve the quality of care for people with developmental disabilities. |
| 2. T / <u>F</u> | A developmental disability starts after someone turns 18. |
| 3. <u>T</u> / F | A developmental disability can be caused by something that occurs before, during, or after birth. |
| 4. T / <u>F</u> | A “mentally retarded person” is an example of people first language. |
| 5. T / <u>F</u> | <i>Diversity</i> means that everyone should be the same. |
| 6. <u>T</u> / F | One of the values of the California developmental disabilities service system is that people have the choice of where and with whom to live. |
| 7. <u>T</u> / F | A Direct Support Professional supports people with developmental disabilities in a variety of settings and activities. |
| 8. <u>T</u> / F | Trust is necessary to make a team work. |
| 9. <u>T</u> / F | A good team works toward a goal everyone agrees upon. |
| 10. T / <u>F</u> | All people with mental retardation and cerebral palsy have slurred speech and an unusual walk. |

Direct Support Professional Training Year 1
Session 2: Communication

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | When communicating with other people it is important to be clear about your message. |
| 2. <u>T</u> / F | A person's behavior is often an attempt to tell others what he or she wants or doesn't want. |
| 3. T / <u>F</u> | A limited ability to understand language is an example of a speech disorder. |
| 4. <u>T</u> / F | One reason people communicate is to get information. |
| 5. T / <u>F</u> | Gesturing is an example of verbal communication. |
| 6. T / <u>F</u> | Sign language, communication boards, and gestures are examples of barriers to communication. |
| 7. T / <u>F</u> | <i>Active listening</i> means answering a question before understanding what the person was trying to say. |
| 8. <u>T</u> / F | A facial expression is an example of nonverbal communication. |
| 9. <u>T</u> / F | It takes at least two people to communicate. |
| 10. <u>T</u> / F | Speaking in short sentences helps to facilitate communication. |

Direct Support Professional Training Year 1
Session 3: Wellness
Nutrition, Exercise, and Safety

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|---|
| 1. <u>T</u> / F | Good nutrition keeps us healthy. |
| 2. T / <u>F</u> | People need to drink <u>only</u> one glass of water every day. |
| 3. T / <u>F</u> | Disposable gloves should always be worn when shaking hands with another person. |
| 4. T / <u>F</u> | Food that needs to be refrigerated can be left in the car for several hours before you bring it in. |
| 5. <u>T</u> / F | Regular physical activity helps relieve stress and increase strength. |
| 6. <u>T</u> / F | Frequent and thorough hand washing is the most important way to stop the spread of germs. |
| 7. <u>T</u> / F | A change in a person's activity level could mean the person is sick. |
| 8. <u>T</u> / F | It is important to have a plan and be prepared because accidents and emergencies can happen at any time or any place. |
| 9. <u>T</u> / F | When moving a heavy object, one way to protect your back is to "push, not pull." |
| 10. <u>T</u> / F | Store poisons in a locked area away from food. |

Direct Support Professional Training Year 1
Session 4: Wellness
Medications

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | When assisting with medication, be sure you have the <u>Right</u> person, <u>Right</u> medication, <u>Right</u> dose, <u>Right</u> time, and <u>Right</u> route. |
| 2. <u>T</u> / F | It's okay to prepare a single dose of medication for a person to take with them to work. |
| 3. <u>T</u> / F | In a licensed community care facility, a physician's order is required for over-the-counter medication. |
| 4. <u>T</u> / F | It is important for you to ask the physician and/or pharmacist about both intended and unintended side effects of prescription medication. |
| 5. T / <u>F</u> | You don't need to lock up a medication if the person can give it to himself or herself without assistance. |
| 6. <u>T</u> / F | A medication log contains information about a person's medications, including when the medications should be given. |
| 7. <u>T</u> / F | Assisting people with medications is one of the most serious and important things you do. |
| 8. T / <u>F</u> | You may prepare and assist with medication in a dirty, dimly lit, noisy area. |
| 9. <u>T</u> / F | Part of your job is to observe, report and document any adverse side effects of medications. |
| 10. <u>T</u> / F | Each time a dose of medication is taken, it should be documented in the medication log. |

Direct Support Professional Training Year 1
Session 5: Wellness
Responding to Individual Needs

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | A current physical exam and a health history are two essential parts of a health assessment. |
| 2. <u>T</u> / F | Constipation is a symptom of a problem and if untreated can lead to serious health conditions. |
| 3. T / <u>F</u> | All adults, regardless of age, need the same type of medical screenings and exams. |
| 4. <u>T</u> / F | Before an individual you support goes to see a doctor, you should work with him or her to write up a list of questions for the doctor. |
| 5. T / <u>F</u> | <i>Good dental hygiene</i> means brushing your teeth once a day. |
| 6. T / <u>F</u> | A temperature within two degrees of 98.6 is considered normal. |
| 7. T / <u>F</u> | To assist a person having a seizure, yell at them to stop, make sure they stay seated in a chair, give them a drink of water. |
| 8. <u>T</u> / F | When people can't use words, you may learn how they feel by observing their behavior and appearance. |
| 9. <u>T</u> / F | A medical emergency is an unexpected event that requires first aid, followed by prompt medical attention. |
| 10. <u>T</u> / F | Abdominal pain and decreased appetite may be symptoms of constipation. |

Direct Support Professional Training Year 1
Session 6: Positive Behavior Support

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / F DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | Behavior is communication. |
| 2. <u>T</u> / F | Behavior is a way of getting something the person wants or avoiding something that person doesn't want. |
| 3. T / <u>F</u> | An antecedent is something that happens after a behavior. |
| 4. <u>T</u> / F | An effective replacement behavior works as well as the challenging behavior in meeting an individual's needs. |
| 5. <u>T</u> / F | Reinforce the replacement behavior as soon or sooner than the original behavior. |
| 6. <u>T</u> / F | A challenging behavior will continue if it is the best way the person knows to get his or her needs met. |
| 7. T / <u>F</u> | A person's behavior is <u>not</u> affected by the time of day, the activity or the people involved. |
| 8. <u>T</u> / F | One way to find out why a challenging behavior may be happening is to talk with the people who know the person well. |
| 9. <u>T</u> / F | Staff and administrators should help develop a positive behavioral support plan. |
| 10. T / <u>F</u> | All people learn best by reading the information. |

Direct Support Professional Training Year 1
Session 7: Teaching Strategies
Relationships, Task Analysis and Prompts

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|---------------------------------|--|
| 1. <u>T</u> / F | The more things people can do for themselves, the more control they have over their lives. |
| 2. <u>T</u> / F | Getting to know what the person likes or dislikes will help you understand the best way to support that individual. |
| 3. T / <u>F</u> | New skills need to be taught in a different way every time. |
| 0 4. <u>T</u> / F | The goal of teaching is to help a person learn something that he or she wants to do. |
| 5. <u>T</u> / F | You should practice a skill before teaching it to another person. |
| 6. T / <u>F</u> | Of the three types of prompts (verbal, gestural, or physical), verbal prompts always provide the most help when teaching new skills. |
| 7. T / <u>F</u> | If a person doesn't respond to a prompt immediately, repeat the prompt right away. |
| 8. T / <u>F</u> | You should always use physical guidance as the first prompt. |
| 9. <u>T</u> / F | When teaching a skill, one way to check for progress is by comparing how much of the skill the person has learned from week to week. |
| 10. <u>T</u> / F | A task analysis is a complex skill broken down into smaller, more teachable steps. |

Direct Support Professional Training Year 1
Session 8: Teaching Strategies
Positive Feedback and Natural Times to Teach

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

Answer Question

1. **T** / **F** Everyone learns better when encouraged and positively motivated.
2. **T** / **F** A reinforcer is any item, event, or activity that follows a behavior and makes the behavior more likely to occur again.
3. **T** / **F** Everyone responds to the same set of reinforcers.
4. **T** / **F** Use the same reinforcers every time you teach a new skill.
5. **T** / **F** If coffee was a reinforcer for Sally when she learned to wash the dishes, then coffee will be the only effective reinforcer for teaching Sally any skill.
6. **T** / **F** People enjoy and benefit from frequent praise.
7. **T** / **F** Giving an individual a favorite item after he or she finishes a task is an example of a positive consequence.
8. **T** / **F** The best way to teach is to minimize learner errors.
9. **T** / **F** Teach at a time when the person needs to use the skill.
10. **T** / **F** Teaching should be as positive and enjoyable as possible.

Direct Support Professional Training Year 1
Session 9: Daily Living

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / F DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|-------------------------------|--|
| 1. <u>T</u> / F | Daily routines are an important part of everyone's lives. |
| 2. <u>T</u> / F | Taking a walk every day at the same time can be comforting. |
| 3. T / <u>F</u> | People's routines should change to meet the needs of staff. |
| 4. T / <u>F</u> | A good schedule should not allow for <u>any</u> flexibility. |
| 5. T / <u>F</u> | People with disabilities enjoy life without friends. |
| 6. <u>T</u> / F | Being a friend includes finding a way to resolve differences. |
| 7. <u>T</u> / F | You can help people learn the social skills necessary to be a friend. |
| 8. <u>T</u> / F | Helping an individual join a gym is one way to help him or her make friends. |
| 9. <u>T</u> / F | Friendships may grow when people can spend time together. |
| 10. <u>T</u> / F | Listening to an individual is a good way to learn more about that person. |

Direct Support Professional Training Year 1
Session 10: Individual Rights,
Laws and Regulations

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|--|
| 1. <u>T</u> / F | Regional centers provide services to adults and children with developmental disabilities. |
| 2. T / <u>F</u> | People with developmental disabilities have different constitutional rights than everyone else. |
| 3. <u>T</u> / F | The courts authorize a conservator to make certain decisions for an adult with a developmental disability. |
| 4. <u>T</u> / F | The Lanterman Act establishes the right of every person with developmental disabilities to be treated with dignity and respect. |
| 5. <u>T</u> / F | California Code of Regulations, Title 22 and Title 17, include the requirements for licensed community care facilities serving people with developmental disabilities. |
| 6. T / <u>F</u> | You should wait to report child abuse until you're absolutely sure you know it's happening and who is doing it. |
| 7. T / <u>F</u> | A Special Incident Report must be submitted to the regional center within a week of the incident. |
| 8. T / <u>F</u> | <i>Confidentiality</i> means that you can discuss information about the individuals you support with anyone who asks. |
| 9. T / <u>F</u> | <i>Advocacy</i> means treating adults like children and making choices for them. |
| 10. T / <u>F</u> | All adults with developmental disabilities are incompetent and unable to make decisions for themselves. |

Direct Support Professional Training Year 1
Session 11: Leisure and Recreation

Quiz Answer Key

Directions: Answer each question by circling **T** for **True** or **F** for **False**. Look at the example in the box below:

1. **T** / **F** DSP stands for *Direct Support Professional*.

The answer is **True**, so the **T** is circled.

- | Answer | Question |
|--------------------------------|---|
| 1. <u>T</u> / F | People play sports and games to have fun. |
| 2. <u>T</u> / F | It is important to know the likes and dislikes of the individuals you support when planning recreational activities. |
| 3. <u>T</u> / F | Part of your job is to match an individual's interests to leisure and recreational activities. |
| 4. T / <u>F</u> | All leisure and recreational activities should be provided in the home. |
| 5. T / <u>F</u> | Natural supports rarely include family, friends, staff members, community members and others who care about a person. |
| 6. T / <u>F</u> | Generic services are just for individuals with developmental disabilities. |
| 7. <u>T</u> / F | Helping a co-worker is called a natural support. |
| 8. T / <u>F</u> | A person's family should be his or her only natural support. |
| 9. <u>T</u> / F | The local parks and recreation program is an example of a generic service. |
| 10. <u>T</u> / F | It is important that you help individuals find ways to participate in community activities. |